

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: STEVENS	Fraction SW ¼ SW ¼ NW ¼	Section Number 33	Township Number T 31 S	Range Number R 35 E/W
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Distance and direction from nearest town or city street address of well if located within city?
290' EAST OF OLD WELL

2 WATER WELL OWNER: BETTY L. GILLESPIE
 RR#, St. Address, Box # : **1104 S. MAIN** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **HUGOTON, KS 67951** Application Number: **8330**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>522</u> ft. ELEVATION: _____ ft.
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Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.

WELL'S STATIC WATER LEVEL 296 ft. below land surface measured on mo/day/yr 10/15/94

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 26 in. to 522 ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded <input checked="" type="checkbox"/> Threaded _____	

Blank casing diameter 16 in. to 522 ft. Dia _____ in. to _____ ft.

Casing height above land surface 12 in., weight 42.5 lbs./ft. Wall thickness or gauge No. 250

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement	<input type="checkbox"/> 11 Other (specify) _____
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)	

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From PERF. 340 ft. to 345 ft., From SCREEN 345 ft. to 365 ft.

From PERF. 365 ft. to 380 ft., From SCREEN 380 ft. to 400 ft.

GRAVEL PACK INTERVALS: From 20 ft. to 522 ft., From PERF. 400 ft. to 500 ft.

From _____ ft. to _____ ft., From SCREEN 500 ft. to 520 ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input checked="" type="checkbox"/> 16 Other (specify below)

CROPLAND-NOTHING IMMEDIATE VICINITY

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	280	SURFACE, CLAY & SAND			
280	320	FINE TO MED. SAND			
320	340	MED. COARSE SAND			
340	360	FINE TO MED. SAND			
360	380	BROWN CLAY W/SAND			
380	420	MED. COARSE SAND			
420	520	FINE SAND			
520	530	BROWN RED CLAY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10/15/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 225 This Water Well Record was completed on (mo/day/yr) 6/16/94 under the business name of KTM DRILLING, INC. by (signature) Paul Winter

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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