

WATER WELL RECORD Form WWRC-5 RSA 62a-1212

Distance and direction from nearest town or city street address of well if located within city?
From Goldwater East 1 1/2 S 1/2 West

2 WATER WELL OWNER: Hummon Corp.
 RR#, St. Address, Box #: 950 N. TYLER Rd.
 City, State, ZIP Code: 11111, TX, 77121

Board of Agriculture, Division of Water Resources
 Application Number: _____

N

NW	NE
SW	SE

E

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

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

Est. Yield 75 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 10 in. to 120 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	<u>6 Oil field water supply</u>
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well

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

Water Well Disinfected? Yes ☒ No _____

Blank casing diameter 5 in. to 60 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
Casing height above land surface 24 in., weight 237 lbs./ft. Wall thickness or gauge No. 214

SCREEN OR PERFORATION OPENINGS ARE:

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

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.

[illegible]

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.