WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. _____ Well ID _____

☐ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County: Stevens | Fraction: ¼ SE ¼ SW ¼ SW ¼ | Section Number: 30 | Township Number: T 32 S | Range Number: R 37 ☐ E ☒ W

2 WELL OWNER: Last Name: Davis First: Steve
Business:
Address: 971 Rd P
Address:
City: Hugoton State: KS ZIP: 67951

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☐
3 Miles North & 1 mi. West of Hugoton

3 LOCATE WELL WITH "X" IN SECTION BOX: N / W / E / S; NW, NE, SW, SE; |----------1 mile----------|

4 DEPTH OF COMPLETED WELL: 502 ft.
Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 206 ft.
☐ below land surface, measured on (mo-day-yr).....
☐ above land surface, measured on (mo-day-yr).....
Pump test data: Well water was ..... ft. after..... hours pumping ..... gpm
Well water was ..... ft. after..... hours pumping ..... gpm
Estimated Yield: .....gpm
Bore Hole Diameter: 9 7/8 in. to ..... ft. and ..... in. to ..... ft.

5 Latitude: .....(decimal degrees)
Longitude: .....(decimal degrees)
Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27
Source for Latitude/Longitude:
☐ GPS (unit make/model: .....)
(WAAS enabled? ☐ Yes ☐ No)
☐ Land Survey ☐ Topographic Map
☐ Online Mapper: .....

6 Elevation: .....ft. ☐ Ground Level ☐ TOC
Source: ☐ Land Survey ☐ GPS ☐ Topographic Map ☐ Other .....

7 WELL WATER TO BE USED AS:
1. Domestic: ☐ Household ☐ Lawn & Garden ☒ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID .....
6. ☐ Dewatering: how many wells? .....
7. ☐ Aquifer Recharge: well ID .....
8. ☐ Monitoring: well ID .....
9. Environmental Remediation: well ID ..... ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease .....
11. Test Hole: well ID ..... ☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? ..... a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ Other (specify): .....

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: .....
Water well disinfected? ☒ Yes ☐ No

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other ..... CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 5 in. to 502 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 24 in. Weight ..... lbs./ft. Wall thickness or gauge No. SDR-21, SDR-17, SDR 17.5

TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify) .....
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous Slot ☒ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 462 ft. to 502 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 190 ft. to 502 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....
Grout Intervals: From 5 ft. to 25 ft., From 185 ft. to 190 ft., From ..... ft. to ..... ft.

Nearest source of possible contamination:
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☐ Other (Specify) .....
Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Sandy Topsoil	250	310	Med Fine Sand w/ Clay Streaks
4	15	Sandy Clay	310	760	Med Sand w/ Clay Streaks
15	30	Tan Clay	760	415	Sand and Clay Layers
30	49	Med Sand	415	465	Med Sand
49	80	Sandy Clay w/ Fine Sand Streaks	465	497	Med Gravel
80	100	White Clay	497	507	Red Bed
100	180	Sandy Clay			
180	195	Sandy Clay & Med Sand			
195	250	Med Sand w/ Clay Streaks			

Notes: 0-202' = SDR-21 Casing Used
202-462 = SDR-17 Casing Used
462-502 = SDR-17.5 Casing Used

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year) 10-14-14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 805 This Water Well Record was completed on (mo-day-year) 10-20-14 under the business name of Southwest Wireline

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of $5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012