

**WATER WELL RECORD**

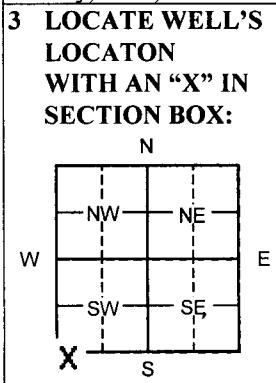
**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Stevens</b> <b>SW ¼ SW ¼ SW ¼</b>	Section Number <b>25</b>	Township Number <b>T 32 S</b>	Range Number <b>R 38 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city? **3 West & 4North**      **Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**2 WATER WELL OWNER: Jerry Hill**  
 RR#, St. Address, Box # : \_\_\_\_\_  
 City, State, ZIP Code : **Hugoton Ks 67951**



**4 DEPTH OF COMPLETED WELL 533 ft.**

Depth(s) Groundwater Encountered 1 \_\_\_\_\_ ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft. below land surface measured on mo/day/yr  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 \_\_\_\_\_

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass	9 Other (specify below) _____	Welded _____
				Threaded _____

Blank casing diameter **5** in. to **533** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **24** in., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **SDR 17**

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	9 ABS	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

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

**SCREEN-PERFORATED INTERVALS:** From **433** ft. to **453** ft. From **473** ft. to **493** ft.  
 From **513** ft. to **533** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From **25** ft. to **533** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grout Intervals From **5** ft. to **25** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well  
 Direction from well? \_\_\_\_\_ How many feet? **None Observed**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	Top soil & clay	503	515	Brown clay
20	30	Fine sand	515	533	Red bed
30	120	Brown clay			
120	160	Fine sand & a little clay			
160	360	Fine to course sand ,clay streaks			
360	433	Fine to course sand			
433	438	Br. clay			
438	472	Sand med to course			
472	490	Brown clay			
490	503	Fine to med sand			

**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) **12/30/08** and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. **473** . This Water Well Record was completed on (mo/day/year) **12/30/08**  
 under the business name of **Tyler water well Inc.** by (signature) *Daryl Sp...*

**INSTRUCTIONS:** Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.