

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b> County: <b>Stevens</b>		Fraction <b>NW ¼ NW ¼ SW ¼</b>		Section Number <b>8</b>	Township Number <b>T 33 S</b>	Range Number <b>R 35 E/W</b>										
Distance and direction from nearest town or city street address of well if located within city?				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____												
<b>2 WATER WELL OWNER: Shannon Crawford</b> RR#, St. Address, Box # : 7070 S. Polk City, State, ZIP Code : Hugoton, KS 67951																
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>  <table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <tr><td colspan="2">N</td></tr> <tr><td>NW</td><td>NE</td></tr> <tr><td>X</td><td></td></tr> <tr><td>SW</td><td>SE</td></tr> <tr><td colspan="2">S</td></tr> </table>		N		NW	NE	X		SW	SE	S		<b>4 DEPTH OF COMPLETED WELL 508 ft.</b>  Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>190</b> 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 <b>1 Domestic</b> 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 _____				
N																
NW	NE															
X																
SW	SE															
S																
<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded <b>2 PVC</b> 4 ABS 7 Fiberglass <b>Eagle Lock</b> Threaded Blank casing diameter <b>5</b> in. to <b>508</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <b>24</b> in., Weight <b>SDR 17</b> lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass <b>7 PVC</b> 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 <b>3 Mill slot</b> 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 <b>360</b> ft. to <b>380</b> ft. From <b>420</b> ft. to <b>440</b> ft. From <b>480</b> ft. to <b>500</b> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ ft.																
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____ Grout Intervals From <b>5</b> ft. to <b>30</b> 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 <b>14 Abandoned water well</b> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well Direction from well? <b>West</b> How many feet? <b>200</b>																
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS										
0	30	Topsoil and Brown Sandy clay		480	510	Sand Fine Little Clay										
30	40	Brown Clay		510	520	Iron P. Hard										
40	50	Fine Sand														
50	70	Brown Sandy Clay with little Cliché														
70	110	White Sandy Clay few Sand Streaks														
110	200	Brown & White Sandy Clay Little Cliché														
200	250	Sand Fine To Medium Little Clay														
250	340	Brown Clay and Sandy Clay Streaks														
340	460	Sand Fine to Medium Little Brown Clay														
460	480	Sandstone and White Clay Little Iron P.														
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>1-27-10</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>473</b> . This Water Well Record was completed on (mo/day/year) <b>2-4/10</b> under the business name of <b>Tyler Water Well Inc.</b> by (signature) _____																
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .																