

**WATER WELL RECORD**

**Form WWC-5**

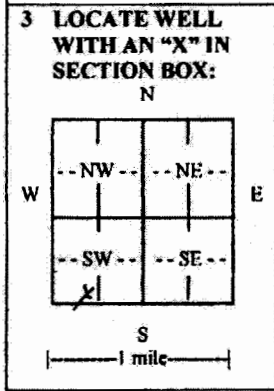
Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Stevens</b>	Fraction <b>¼ SE ¼ SW ¼ SW ¼</b>	Section Number <b>28</b>	Township No. <b>T 33 S</b>	Range Number <b>R 35</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here   
**11 East 1 South of Hugoton**

**Global Positioning System (GPS) information:**  
Latitude: **37.1412** (in decimal degrees)  
Longitude: **101.1357** (in decimal degrees)  
Elevation: \_\_\_\_\_  
Datum:  WGS 84,  NAD 83,  NAD 27  
Collection Method:  
 GPS unit (Make/Model: **Garmin**)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

**2 WATER WELL OWNER:** **Walter Beeslev**  
RR#, Street Address, Box #: **P.O. Box 818**  
City, State, ZIP Code : **Hugoton, KS 67951**



**4 DEPTH OF COMPLETED WELL** **530** 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

Bore Hole Diameter **9 3/4** in. to..... ft., and..... in. to..... ft.

WELL WATER TO BE USED AS:  Public water supply  Geothermal  Injection well  
 Domestic  Feedlot  Oil field water supply  Dewatering  Other (Specify below)  
 Irrigation  Industrial  Domestic-lawn & garden  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:**  Steel  PVC  Other **Eagle Loc**

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter **5** in. to **530** ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.  
Casing height above land surface: **24** in., Weight **SDR 17** lbs./ft., Wall thickness or gauge No. ....

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

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify).....

SCREEN-PERFORATED INTERVALS: From **430** ft. to **450** ft., From **470** ft. to **490** ft.  
From **510** ft. to **530** ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From **30** ft. to **530** ft., From..... ft. to..... ft.  
From..... ft. to..... ft., From..... ft. to..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other

Grout Intervals: From **0** ft. to **30** ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:  
 Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below)  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  Oil well/gas well

Direction from well **North** Distance from well **250 Feet**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	20	Topsoil & Fine Sand	340	360	Sandyclay & Fine Sand
20	60	Clay & Sand streaks	360	440	Medium to Coarse Sand Little Clay
60	100	Fine to Medium Sand & clay streaks	440	460	Fine to Medium Sand Streaks of Clay
100	120	Clay & Sandy clay	460	540	Medium to Coarse Sand Little Clay
120	140	Sandy clay & Medium Sand			
140	160	Clay			
160	180	Clay Streaks of Medium Sand			
180	240	Fine to Medium sand Streaks of Clay			
240	300	Fine to Medium Sand			
300	340	Clay Fine sand & Sandstone			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) **5-4-12** 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) **5-14-12** under the business name of **Tyler Water Well Inc** by (signature) *[Signature]*

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.