

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

| | | | | |
|--|-----------------------------------|-----------------------------|----------------------------------|-------------------------------|
| 1 LOCATION OF WATER WELL: County: Stevens | Fraction NE ¼ NE ¼ NW ¼ | Section Number 21 | Township Number T 33 S | Range Number R 37 W |
|--|-----------------------------------|-----------------------------|----------------------------------|-------------------------------|

Distance and direction from nearest town or city street address of well if located within city? **US Hwy 56 and 11th St. Hugoton** **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: USD 210 High School
 RR#, St. Address, Box # : **US Hwy and 11 St.**
 City, State, ZIP Code : **Hugoton, KS 67951**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

| | | | | |
|---|----|---|----|---|
| | N | X | N | |
| W | NW | | NE | E |
| | SW | | SE | |
| | S | | | |

4 DEPTH OF COMPLETED WELL 250 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 **Geothermal**
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **N**; If yes, mo/day/yr
 Sample was submitted _____ Water Well Disinfected? Yes **X** No

5 TYPE OF CASING USED:

| | | | | |
|---------|------------|-------------------|-------------------------|--|
| 1 Steel | 3 RMP (SR) | 5 Wrought Iron | 8 Concrete tile | CASING JOINTS: Glued _____ Clamped _____ |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ x |
| | | 7 Fiberglass | | Polly _____ Threaded _____ |

Blank casing diameter **3/4** in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., Weight _____ lbs./ft. Wall thickness or gauge No. **19mm**

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 Gauze 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 _____ ft. to _____ ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft. From _____ ft. to _____ 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 **0** ft. to **250** 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? **NA** How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|-----------------------------|------|----|--------------------|
| 0 | 5 | Gray Clay | | | |
| 5 | 30 | Sand and Brown Clay | | | |
| 30 | 36 | Cliché | | | |
| 36 | 45 | Sand Medium | | | |
| 45 | 60 | Brown Sandy Clay | | | |
| 60 | 70 | Sand Medium to Coarse | | | |
| 70 | 82 | Cliché and Sand | | | |
| 82 | 195 | Cliché and Sandy Clay | | | |
| 195 | 255 | Sand Medium and Little Clay | | | |

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) **03/17/09** 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) **3/17/09** under the business name of **Tyler Water Well Inc.** by (signature) _____

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>.