WATER	WELL	RECORD	Form V	WWC-5	E	vivision of Wate	er	MW-15		
	Coriginal Record Correction Change in Well Use					Section Number Township Number Range Number				
County: Stevens SE 1/4 NW 1/4						$W \frac{1}{4}$ 16 T 33 S R 37 $\Box E \blacksquare W$				
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and										
Business:	Business: Halliburton Energy Services						rection from nearest town or intersection): If at owner's address, check here:			
Address: Address:	Address: 3000 N Sam Houston PKWy E 21						10 S. Polk Street, Hugoton, KS 67951			
City:	City: Houston State: TX ZIP: 77032									
3 LOCAT	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						ude: 37.181	28 (decimal degrees)		
WITH "	Depth(s) Groundwater Encountered: 1)					ft. Longitude: 101.35337(dccimal degrees)				
SECTIO	N BUX:	2)	ft. 🤅	3) ft., or 4)	Dry Well	Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27				
	WELL'S STATIC WATER LEVEL:					ft. <u>Source for Latitude/Longitude</u> :				
X	Any we have and surface, measured on (mo-day-y					$\blacksquare GPS (unit make/model:) (WAAS enabled? \Box Yes \blacksquare No)$				
NW	Pump test data: Well water was ft.					\square Land Survey \square Topographic Map				
w	E after hours pumping						Inline Mapper:	·····		
sw	SW SE Well water was ft.									
	Estimated Yield:					6 Eleva	tion: 3105.79 f	t. 🔲 Ground Level 🔳 TOC		
	S Bore Hole Diameter:					and Source: Land Survey GPS Topographic Map				
1 mile in. to ft.										
7 WELL WATER TO BE USED AS:										
T. Domestic	Domestic: 5. □ Public Water Supply: well ID						10. U Oil Field Water Supply: lease			
	Lawn & Garden 7. Aquifer Recharge: well ID					\Box Cased \Box Uncased \Box Geotechnical				
Livesto	□ Livestock 8. ■ Monitoring: well ID MW-					5				
2. 🗌 Irrigati	ion	9. Ei	nvironment	al Remediation: well	D	. a) C	losed Loop 🔲 Horizon	ntal 🗌 Vertical		
3. \Box Feedlo	3. ☐ Feedlot					n b) Open Loop \Box Surface Discharge \Box Inj. of Water				
Was a chemical/hastorial grample submitted to KDUE? Diver Diver Diver data complementarial										
Was a chemical bacteriological sample submitted to KDRE? \square Yes \blacksquare No 11 yes, date sample was submitted:										
8 TYPE OF CASING USED: \Box Steel \blacksquare PVC \Box Other CASING IOINTS: \Box Glued \Box Clamped \Box Welded \blacksquare Threaded										
Casing diameter										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
□ Steel □ Stainless Steel □ Fiberglass ■ PVC □ Other (Specify)										
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)										
GRAVEL PACK INTERVALS: From										
9 CROUT MATERIAL: Divert compart of Compart grout Departments Departments Departments										
Grout Intervals: From										
Nearest source of possible contamination:										
□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage										
U Cess Pool U Sewage Lagoon U Fuel Storage U Abandoned Water Well										
□ Other (Specify)										
Direction fro	om well?		<u></u>	Distance from	well?		f	t		
10 FROM	10	I Croco/acil	LITHOLO	GIC LOG	FROM	TO	LITHO. LOG (cont.)	or PLUGGING INTERVALS		
2	8	Clavey silt w	ith sand		165	200	Sand with gravel, o	clay and caliche		
8	23	Clay, trace s	and				a and the second se			
23	43	Sand, trace	sandy cla	V			ann an tha ann an tha an an tha an			
43	55	Sand, trace	sandy cla	y and gravel						
55	83	Sand with ca	Sand with caliche							
83	104	Caliche and	Caliche and clay with sandy clay/sand				Notes:			
104 143 Caliche and clay, trace sand and gravel KDHE F						roject Code: U1	-095-11019			
143 165 Clay and caliche, trace sand										
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) 5/3/19 and this record is true to the best of my knowledge and belief										
Kansas Water Well Contractor's License No. 881										
under the business name of WOOtter Pump and Well. Signature for some and well										
Ivian 1 while copy along with a lee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GW1S Section, 1000 SW Jackson St. Suite 420 Toneka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										