

# WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <u>Stevens</u>		Fraction: <u>1/4 SE 1/4 SE 1/4 NW 1/4</u>	Section Number: <u>29</u>	Township Number: <u>T 33 S</u>	Range Number: <u>R 38 E W</u>									
<b>2 WELL OWNER:</b> Last Name: <u>Heaton</u> First: <u>Ted</u> Business: <u>500 Heaton Drive</u> Address: <u>Hugoton</u> State: <u>KS</u> ZIP: <u>67951</u>			Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <u>6 miles West &amp; 1 mile South of Hugoton</u>											
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table border="1" style="width:100%; text-align: center;"><tr><td> </td><td> </td><td> </td></tr><tr><td>-- NW --</td><td>X</td><td>-- NE --</td></tr><tr><td>-- SW --</td><td> </td><td>-- SE --</td></tr></table> S -----1 mile-----					-- NW --	X	-- NE --	-- SW --		-- SE --	<b>4 DEPTH OF COMPLETED WELL:</b> <u>420</u> ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>284</u> ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) ..... <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: <u>9 7/8</u> in. to ..... ft. and ..... in. to ..... ft.		<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....	
-- NW --	X	-- NE --												
-- SW --		-- SE --												
<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <u>Source:</u> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....														
<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....														
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: ..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter ..... in. to <u>4.20</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... <u>12</u> in. Weight ..... lbs./ft. Wall thickness or gauge No. <u>#200</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) <b>SCREEN-PERFORATED INTERVALS:</b> From <u>300</u> ft. to <u>420</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From <u>225</u> ft. to <u>420</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.														
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From <u>5</u> ft. to <u>25</u> ft., From <u>225</u> ft. to <u>225</u> ft., From <u>225</u> ft. to ..... ft. <b>Nearest source of possible contamination:</b> <input type="checkbox"/> Septic Tank <input checked="" type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) ..... Direction from well? <u>Northwest</u> Distance from well? <u>300</u> ft.														
<b>10 FROM TO</b>		<b>LITHOLOGIC LOG</b>		<b>FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS</b>										
0	4	Topsoil		220	247									
4	8	Gray Clay		247	330									
8	32	Sandy clay w/ Fine Sand		330	790									
32	60	Med Sand		390	425									
60	90	Clay												
90	105	Fine Sand												
105	138	Sandy Clay												
138	160	Med Sand												
160	220	Sandy Clay												
		<b>Notes:</b>												
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>6-23-13</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>805</u> This Water Well Record was completed on (mo-day-year) <u>7-16-13</u> under the business name of <u>Southwest Well Drilling</u>														