

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No. **22041**

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number	Township Number	Range Number
County: <b>Stevens</b>		SE ¼	SE ¼	<b>29</b>	T <b>34</b> S	R <b>35</b> E <b>W</b>
Distance and direction from nearest town or city street address of well if Located within city? From Hugoton, appx 8 miles south & 11 miles West				<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)		
				Latitude: <b>37.06323</b>		
				Longitude: <b>101.14858</b>		
				Elevation: <b>2986</b>		
				Datum:		
				Data Collection Method:		
<b>2 WATER WELL OWNER: Richard James</b>						
RR#, St. Address, Box # : <b>RT 1 Box 52</b>						
City, State, ZIP Code : <b>Hugoton KS 67951</b>						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL 735 ft.</b>				
<div style="text-align: center;"> </div>		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.				
		WELL'S STATIC WATER LEVEL <b>276</b> ft. below land surface measured on mo/day/yr <b>04/11/08</b>				
		Pump test data: Well water was <b>333</b> ft. after <b>4</b> hours pumping <b>1603</b> gpm				
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
		WELL WATER TO BE USED AS: <b>5</b> <b>8</b> Air conditioning <b>11</b> Injection well				
		<b>1</b> Domestic <b>3</b> Feed lot <b>6</b> Oil field water supply <b>9</b> Dewatering <b>12</b> Other (Specify below) <b>2</b> Irrigation <b>4</b> Industrial <b>7</b> Domestic (lawn & garden) <b>10</b> Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>x</b> ; If yes, mo/day/yr				
		Sample was submitted _____ Water Well Disinfected? Yes <b>x</b> No _____				
<b>5 TYPE OF CASING USED:</b>		<b>CASING JOINTS:</b> Glued _____ Clamped _____				
<b>1</b> Steel <b>3</b> RMP (SR) <b>6</b> Asbestos-Cement <b>9</b> Other (specify below)		Welded _____				
<b>2</b> PVC <b>4</b> ABS <b>7</b> Fiberglass		Threaded _____				
Blank casing diameter <b>16</b> in. to <b>735</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <b>12</b> in., Weight <b>42</b> lbs./ft. Wall thickness or gauge No. <b>.250</b>						
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>						
<b>1</b> Steel <b>3</b> Stainless steel <b>5</b> Fiberglass <b>7</b> PVC <b>9</b> ABS <b>11</b> Other (specify) _____						
<b>2</b> Brass <b>4</b> Galvanized steel <b>6</b> Concrete tile <b>8</b> RM (SR) <b>10</b> Asbestos-Cement <b>12</b> None used (open hole)						
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>						
<b>1</b> Continuous slot <b>3</b> Mill slot <b>5</b> Gauze wrapped <b>7</b> Torch cut <b>9</b> Drilled holes <b>11</b> None (open hole)						
<b>2</b> Louvered shutter <b>4</b> Key punched <b>6</b> Wire wrapped <b>8</b> Saw Cut <b>10</b> Other (specify) _____						
<b>SCREEN-PERFORATED INTERVALS:</b>						
From <b>342</b> ft. to <b>492</b> ft. From <b>510</b> ft. to <b>730</b> ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
<b>GRAVEL PACK INTERVALS:</b>						
From <b>20</b> ft. to <b>735</b> ft. From _____ ft. to _____ ft.						
From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
<b>6 GROUT MATERIAL:</b> <b>1</b> Neat cement <b>2</b> Cement grout <b>3</b> Bentonite <b>4</b> Other _____						
Grout Intervals From <b>0</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
<b>1</b> Septic tank <b>4</b> Lateral lines <b>7</b> Pit privy <b>10</b> Livestock pens <b>13</b> Insecticide Storage <b>16</b> Other (specify below)						
<b>2</b> Sewer lines <b>5</b> Cess pool <b>8</b> Sewage lagoon <b>11</b> Fuel storage <b>14</b> Abandoned water well						
<b>3</b> Watertight sewer lines <b>6</b> Seepage pit <b>9</b> Feedyard <b>12</b> Fertilizer storage <b>15</b> Oil well/ gas well						
Direction from well? <b>South</b> How many feet? <b>125'</b>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
<b>0</b>	<b>1</b>	Surface				
<b>1</b>	<b>15</b>	Clay fine sand				
<b>15</b>	<b>23</b>	Clay				
<b>23</b>	<b>50</b>	Sand fine, clay				
<b>50</b>	<b>57</b>	Sand fine to med course				
<b>57</b>	<b>67</b>	Clay lime rock				
<b>67</b>	<b>94</b>	Clay firm w/few lime rock				
<b>94</b>	<b>107</b>	Sand fine to med course sm gravel				
<b>107</b>	<b>180</b>	Clay few sand				
<b>180</b>	<b>189</b>	Clay lime rock				
<b>189</b>	<b>205</b>	Clay lime rock				
<b>205</b>	<b>238</b>	Clay lime rock few sand streaks				
<b>238</b>	<b>247</b>	Sand fine to med				
<b>247</b>	<b>260</b>	Clay				
<b>260</b>	<b>272</b>	Sand salty to fine				
<b>272</b>	<b>279</b>	Clay				

279	300	Sand fine to med course			
300	321	Clay			
321	333	Sand fine to med course			
333	342	Clay			
342	372	Sand fine to med w/gravel			
372	383	Clay			
383	393	Sand fine			
393	400	Clay lime rock			
400	489	Sand w/few clay			
489	508	Clay			
508	526	Clay sand			
526	564	Sand clay mix			
564	590	Sand thin clay			
590	645	Sand thin clay			
645	685	Sand thin clay few fine			
685	711	Sand fine to med			
711	730	Clay			
730	740	Red Bed			

**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) 04/08/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 06/04/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) Bruce J. Henkle.

**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>.