

# WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. \_\_\_\_\_

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <b>Stevens</b>		<b>SE ¼ SE ¼ SW ¼</b>	<b>5</b>	<b>T 34 S</b>	<b>R 36 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>5 East 3 South .5 West of Hugton Ks</b>			<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)		
			Latitude: <b>N 37 deg 6 ' 45.9"</b>		
			Longitude: <b>W 101 deg 15' 28.5"</b>		
			Elevation: <b>3109</b>		
			Datum: _____		
			Data Collection Method: _____		

<b>2 WATER WELL OWNER: Kenneth Crawford</b> RR#, St. Address, Box # : <b>1045 S. Polk St.</b> City, State, ZIP Code : <b>Hugton KS 67951</b>	<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>  <div style="text-align: center;"> </div>	<b>4 DEPTH OF COMPLETED WELL 430 ft.</b>  Depth(s) Groundwater Encountered <b>1 250 ft. 2 ft. 3 ft.</b> WELL'S STATIC WATER LEVEL <b>250 ft. below land surface measured on mo/day/yr 12/15/08</b> 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 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 _____
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<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____ Welded _____
2 <u>PVC</u>	4 ABS	7 Fiberglass	<b>Eagle-Loc</b> _____ Threaded _____
Blank casing diameter <b>5</b> in. to <b>430</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface <b>24</b> in., Weight _____ lbs./ft. Wall thickness or gauge No. <b>SDR 21&amp;17</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 <u>PVC</u>
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
9 ABS	11 Other (specify) _____	10 Asbestos-Cement	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:			
1 Continuous slot	3 <u>Mill slot</u>	5 Guaze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
9 Drilled holes	11 None (open hole)	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:			
From <b>290</b> ft. to <b>310</b> ft.	From <b>330</b> ft. to <b>350</b> ft.	From <b>410</b> ft. to <b>430</b> ft.	
From <b>370</b> ft. to <b>390</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:			
From <b>25</b> ft. to <b>430</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	
From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	

<b>6 GROUT MATERIAL:</b>	1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other _____
Grout Intervals From <b>5</b> ft. to <b>25</b> ft.	From _____ ft. to _____ 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
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
16 Other (specify below) _____				
Direction from well? _____			How many feet? <b>None observed</b>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Fine sand	400	430	Sandstone & clay streaks
7	28	Sandy clay			
28	43	Fine sand			
43	64	Sandy clay			
64	130	Med to coarse sand			
130	160	Sandy clay			
160	170	Med sand			
170	324	Sndy clay; a little caliche & strks of sand			
324	334	Fine sand			
334	400	Brown gummy 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) **12/16/08** 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) **12/21/08** under the business name of **Tyler Water Well INC.** by (signature) *Daryl S. H.*

**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>.