

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. **15,130**

1 LOCATION OF WATER WELL:		Fraction NW ¼ SE ¼ SW ¼		Section Number 13	Township Number T 34 S	Range Number R 37 E/W
County: Stevens				Distance and direction from nearest town or city street address of well if located within city? From Hugoton, approx, 2 ½ mi. East and 6 mi. South		
2 WATER WELL OWNER: Gary Mostrom RR#, St. Address, Box # : Rr 1 City, State, ZIP Code : Hugoton, Ks, 67951				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>37.0861</u> Longitude: <u>101.2972</u> Elevation: _____ Datum: _____ Data Collection Method: <u>GPS</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 680 ft.				
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>215</u> ft. below land surface measured on mo/day/yr <u>7/18/08</u> 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) <input checked="" type="checkbox"/> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr				
		Sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____				
		5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <input checked="" type="radio"/> Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded <input checked="" type="checkbox"/> 2 PVC 4 ABS 7 Fiberglass Threaded _____ Blank casing diameter <u>16</u> in. to <u>680</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in., Weight <u>42</u> lbs./ft. Wall thickness or gauge No. <u>.250</u>				
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="radio"/> 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: <input checked="" type="radio"/> Continuous slot 3 Mill slot 5 Guaze 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 <u>260</u> ft. to <u>340</u> ft. From <u>458</u> ft. to <u>498</u> ft. From <u>615</u> ft. to <u>675</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>680</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other _____ Grout Intervals From <u>0</u> ft. to <u>20</u> 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? <u>North & West</u> How many feet? <u>210 & 135</u>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2	Top Soil				
2	185	Brown Sandy Clay, Fine Sand				
185	211	Fine to Medium Sand w/ Clay Stringers				
211	216	Brown Sandy Clay				
216	220	Fine to Medium Coarse Sand				
220	258	Fine Sand, Clay Stringers				
258	302	Fine to Medium Coarse Sand				
302	335	Fine-Med. Coarse Sand, Tan/Brwn Rock				
335	456	Brown Sandy Clay, Fine Sand, Sluff. Cly				
456	500	Fine Sand				
500	512	Brown Sluffing Clay, Fine Sand				
512	520	Fine Sand				
520	620	Brwn Sluff. & Blue/Gray Cly, Fine Sand				
620	675	Fine-Med. Coarse Sand, Brwn/Tan Rock				
675	680	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) 7/25/08 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) 1/2/09 under the business name of Henkle Drilling & Supply Co., Inc. by (signature) [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>.