WATER WELL RECORD — Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL: County: Stevens | Fraction: ¼ SE ¼ NE ¼ SW ¼ | Section Number: 36 | Township No. T 34 S | Range Number R 38 ☐E ☑W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
2 West 9 South of Hugoton

Global Positioning System (GPS) information:
Latitude: 37.0445 (in decimal degrees)
Longitude: 101.4037 (in decimal degrees)
Elevation: .....
Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☑ GPS unit (Make/Model: Garmin)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER:
RR#, Street Address, Box #: Jim Persinger
City, State, ZIP Code : 11155 Monroe St
Hugoton, KS 67951

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N
W | NW | NE | E
SW | X | SE
S
|——1 mile——|

4 DEPTH OF COMPLETED WELL 480 ft.
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL.....ft. below land surface measured on mo/day/yr.....
Pump test data: Well water was.....ft. after..... hours pumping..... gpm
EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm
Bore Hole Diameter 9 7/8 in. to .....ft., and .....in. to .....ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☑ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well .....
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☐ No
If yes, mo/day/yr sample was submitted.....
Water well disinfected? ☑ Yes ☐ No

5 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other Eagle Loc
CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 5 in. to 480 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 24 in., Weight SDR 17 lbs./ft., Wall thickness or gauge No. .....
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) .....
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous slot ☑ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) .....
SCREEN-PERFORATED INTERVALS: From 380 ft. to 400 ft., From 420 ft. to 440 ft.
From 460 ft. to 480 ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 24 ft. to 480 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other .....
Grout Intervals: From 4 ft. to 24 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well .....
Direction from well NA ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	20	Topsoil, Clay, Little Fine Sand	260	280	Sand & Sandy Clay
20	40	Clay Little Sand & cliche	280	300	Sand, Clay Little Cliche
40	60	Cliche	300	320	Cliche & Clay
60	80	Clay Streaks of Fine Sand	320	420	Medium Sand Little Clay
80	100	Clay	420	440	Medium Sand
100	120	Sand with Streaks of Clay	440	460	Medium Sand Little Clay
120	140	Clay & Cliche	460	480	Medium Sand Little Clay
140	180	Fine to Medium Sand			
180	220	Fine to Medium Sand streaks of Clay			
220	260	Fine to Meidium Sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 11-14-11 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) 11-28-11 under the business name of Tyler Water Well Inc by (signature) .....

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212 Check: ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy