# WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. _____

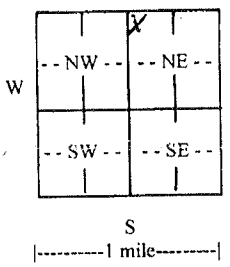
**1 LOCATION OF WATER WELL:** County: Stevens | Fraction: ¼ NW ¼ NW ¼ NE ¼ | Section Number: 11 | Township No.: T 34 S | Range Number: R 39 ☐E ☑W

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

**Global Positioning System (GPS)** information:
Latitude: 37.1115 (in decimal degrees)
Longitude: 101.5279 (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:** Terry Jordan
RR#, Street Address, Box #: P.O. Box 239
City, State, ZIP Code : Hugoton, KS 67951

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




**4 DEPTH OF COMPLETED WELL** 490 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 3/4 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 490 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 413 ft. to 453 ft., From 470 ft. to 490 ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 26 ft. to 490 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 0 ft. to 26 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 West Distance from well 300

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 20 | Topsoil & Fine Sand | 280 | 300 | Fine Sand Little Clay |
| 20 | 28 | Clay | 300 | 360 | Clay streaks of Sand & Sandstone |
| 28 | 40 | Fine Sand | 360 | 400 | Sandstone Streaks of Clay |
| 40 | 80 | Fine Sand Streaks of Clay | 400 | 420 | Clay Streaks of Sandstone |
| 80 | 100 | Sand Coarse Streaks of Clay | 420 | 440 | Sandstone Streaks of Shale |
| 100 | 120 | Sand & Gravel Little Clay | 440 | 460 | Fine Sand. Shale Little Sandstone |
| 120 | 160 | Clay Streaks of Sand | 460 | 480 | Shale Streaks of Sandston |
| 160 | 200 | Fine Sand and Clay Streaks | 480 | 485 | Sandstone & Shale |
| 200 | 260 | Clay Streaks of Fine Sand | 485 | 500 | Red Clay & Sandstone |
| 260 | 280 | Clay | | | |

**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) 9-6-11 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) 9-14-11 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 785-296-5522. 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.

Check: ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy

KSA 82a-1212