

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. [REDACTED]

1 LOCATION OF WATER WELL: County: <u>Norton</u>	Fraction <u>SW</u> 1/4 1/4 1/4	Section Number <u>2</u>	Township Number T <u>3</u> S	Range Number R <u>25</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 W, 1 S, 1 back west of Norton</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Francis Hillebrand</u> RR#, St. Address, Box # : <u>1483 Rd. Q</u> City, State, ZIP Code : <u>Clayton, KS 67629</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>118</u> ft.
	Depth(s) Groundwater Encountered (1) <u>80</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>7.6</u> ft. below land surface measured on mo/day/yr <u>10-22-09</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>10+</u> 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 <input checked="" type="checkbox"/> Domestic 3 Feedlot 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 <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 <input checked="" type="checkbox"/> Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <input checked="" type="checkbox"/> PVC 4 ABS 7 Fiberglass _____		Welded _____ Threaded _____
Blank casing diameter <u>5</u> in. to <u>9.8</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>3'</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>200 ps</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="checkbox"/> 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: 1 Continuous slot <input checked="" type="checkbox"/> Mill slot 5. Guazed 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>9.8</u> ft. to <u>118</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>9.7</u> ft. to <u>118</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="checkbox"/> Bentonite 4 Other _____	Grout Intervals: From <u>6</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 <input checked="" type="checkbox"/> Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well _____		
Direction from well? <u>NW</u> How many feet? <u>200</u>		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Black dirt	0	6	Black dirt
10	30	gray clay	6	20	Bentonite
30	40	white clay	20	118	gravel
40	65	brown clay - fine sand			
65	75	brown clay - medium sand			
75	118	coarse 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) 10-21-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 756 This Water Well Recorded was completed on (mo/day/year) 11-12-09 Under the business name of Gallentine Well Service by (signature) Doug Mallin

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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.

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