

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Graham</u>	Fraction <u>SW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>8</u>	Township Number <u>T 7 S</u>	Range Number <u>R 23</u> <input checked="" type="checkbox"/> W
Distance and direction from nearest town or city street address of well if located within city? <u>6 miles Northwest of Hill City</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39° 27' 21.8"</u> Longitude: <u>99° 55' 8.9"</u>		

2 WATER WELL OWNER: <u>City of Hill City</u> RR#, St. Address, Box # : <u>205 N Pomeroy</u> City, State, ZIP Code : <u>Hill City, KS 67642</u>	Elevation: _____ Datum: _____ Data Collection Method: _____
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>--NW--</td><td>--NE--</td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>X SW</td><td>--SE--</td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> S					--NW--	--NE--							X SW	--SE--							4 DEPTH OF COMPLETED WELL183..... ft. Depth(s) Groundwater Encountered (1).....114..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL.....127..... ft. below land surface measured on mo/day/yr. <u>7-7-09</u> Pump test data: Well water was.....162.....ft. after.....4..... hours pumping.....200..... gpm Est. Yield..200..gpm: Well water was.....170.....ft. after.....24..... hours pumping.....200..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring wellTest Well..... Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No
--NW--	--NE--																				
X SW	--SE--																				

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <input checked="" type="radio"/> PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped..... Welded..... Threaded.....
Blank casing diameter8..... in. to153..... ft., Diameter..... in. to ft., Diameter..... in. toft. Casing height above land surface.....24..... in., Weight5.5.....lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="radio"/> 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 3 Mill slot 5 Gauzed 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.....153..... ft. to183..... ft., From..... ft. to ft. From..... ft. to ft., From..... ft. to ft.		
GRAVEL PACK INTERVALS: From.....133..... ft. to183..... 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.....4..... ft. to133..... ft., From..... ft. to ft., From..... ft. toft.	
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="radio"/> Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well	
Direction from well? <u>East</u>	How many feet? <u>1,000</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil	136	143	Clay
3	15	Clay	143	145	Coarse Sand
15	23	Coarse Sand	145	147	Clay
23	40	Clay	147	160	Fine Gravel
40	53	Clay, Sand Seams	160	180	Medium Gravel
53	64	Sand, Sandstone	180	183	Fine Gravel
64	80	Sandy Clay, Sand, Sandstone Seams			
80	100	Sandy Clay, Medium Sand Seams			
100	114	Sandy Clay			
114	136	Coarse Sand, Fine Gravel			

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) 6-30-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 433 This Water Well Record was completed on (mo/day/year) 7-21-09 under the business name of Chas. Sargent Irrigation, Inc. by (signature) [Signature]

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. Visit us at <http://www.kdheks.gov/waterwell/index.html>.