

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: WABAUNSEE	Fraction SW 1/4 NW 1/4 SW 1/4	Section Number 19	Township Number T 10 S	Range Number R 12 E/W
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Distance and direction from nearest town or city street address of well if located within city?
TWO & 1/2 MILES SOUTH OF ST. MARYS KS. & THREE MILES WEST

2 WATER WELL OWNER: **STEVEN R HOLZ**
 RR#, St. Address, Box #: **RR 1 BOX 100**
 City, State, ZIP Code: **BELVUE, KS. 66407**
 Board of Agriculture, Division of Water Resources
 Application Number: **43590**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: **70** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **30** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **30** ft. below land surface measured on mo/day/yr **1-29-99**
 Pump test data: Well water was **31** ft. after **1** hours pumping **450** gpm
 Est. Yield **750** gpm: Well water was **45** ft. after **2** hours pumping **750** gpm
 Bore Hole Diameter: **32** in. to **74** ft., and _____ in. to _____ ft.
 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 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **XX**; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes **XX** No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped **X**
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter **16** in. to **40** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **18** in., weight _____ lbs./ft. Wall thickness or gauge No. **50**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **60** ft. to **70** CONT. ft., From _____ ft. to _____ ft.
 From **40** ft. to **60** SAW CUT ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **74** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **0** ft. to **20** 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage **NONE**
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	BLACK TOP SOIL			
2	42	BROWN & GREY CLAYS			
42	47	MEDIUM GREY GRAVEL & GREY CLAY			
47	52	MEDIUM GREY GRAVEL			
52	65	MEDIUM-LARGE GREY GRAVEL			
65	67	MEDIUM-LARGE GREY GRAVEL & GREY CLAY			
67	70	MEDIUM-LARGE GRAVEL			
70	74	FINE GREY SAND & CLAY			
	74	STOPPED			

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) **1-27-99** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **323**. This Water Well Record was completed on (mo/day/yr) **2-7-99** under the business name of **HOUBLER DRILLING CO.** by (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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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