

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>RILEY</u>		Fraction <u>SE 1/4 SW 1/4 SE 1/4</u>	Section Number <u>14</u>	Township Number T <u>10</u> S	Range Number R <u>7</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>3724 EVERETT, MANHATTAN</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.17785</u> Longitude: <u>96.61363</u> Elevation: <u>1142</u> Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>DAN ADER</u> RR#, St. Address, Box # : <u>3724 EVERETT</u> City, State, ZIP Code : <u>MANHATTAN, KS 66503</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E --NW-- --NE-- --SW-- --SE-- S X		4 DEPTH OF COMPLETED WELL <u>200</u> ft. Depth(s) Groundwater Encountered (1) <u>50</u> 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 <u>5</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 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <u>CEATHRANAL</u> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No <u>X</u>			
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) <u>HDPB</u> Welded <u>X</u> Blank casing diameter <u>3/4</u> in. to <u>2.00</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>40</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>SOR 11</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 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 _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____ Grout Intervals: From <u>4</u> ft. to <u>200</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) <u>UNDER BASEMENT FLOOR</u> 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well Direction from well? _____ How many feet? _____					
FROM TO LITHOLOGIC LOG			FROM TO PLUGGING INTERVALS		
0	3	LIMESTONE	170	200	LIMESTONE
3	15	SHALE, GREEN			
15	35	LIMESTONE			
35	50	SHALE, GRAY			
50	55	LIMESTONE - WATER			
55	85	SHALE, RED TO GRAY			
85	100	LIMESTONE			
100	135	SHALE GRAY			
135	170	LIMESTONE			
170	190	SHALE, GRAY			
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) <u>10/7/09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>762</u> This Water Well Record was completed on (mo/day/year) <u>3/1/09</u> under the business name of <u>ASSOCIATED DRILLING INC.</u> by (signature) <u>[Signature]</u> 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 .					