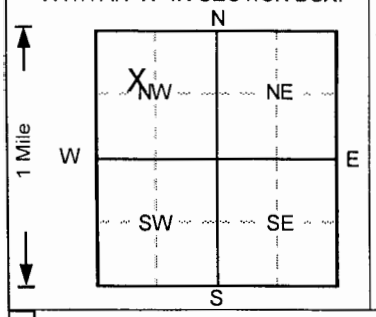
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: **Dickinson** | Fraction: **SE ¼ NW ¼ NW ¼** | Section Number: **32** | Township Number: **T 12 S** | Range Number: **R 4 (E)/W**

Distance and direction from nearest town or city street address of well if located within city?
302 E. Fourth St., Chapman

2 WATER WELL OWNER: **Home Oil Company**
RR#, St. Address, Box # : **Rt. 1, Box 4**
City, State, ZIP Code : **Chapman, Kansas 67431**
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF COMPLETED WELL **39** ft. ELEVATION: **0**
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 **NA** ft. after ..... hours pumping ..... gpm
Est. Yield **NA** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter **8** in. to **40** 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 **Air sparge**
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 BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....
(2) PVC 4 ABS 7 Fiberglass ..... Threaded ✓ .....
Blank casing diameter **2** in. to **37** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface **0** in., weight ..... lbs./ft. Wall thickness or gauge No. **Sch. 40**

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) .....
9 ABS 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 **37** ft. to **39** ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From **18** ft. to **39** 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 **2** ft. to **18** 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 .....
Direction from well? How many feet? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Fill Clay and Rock,			
1	4	Fill Clay, sandy, silty, Brown			
4	21	Fill Sand (f-c), sl. clayey,			
21	23	Clay, silty, sandy, strong HC odor, Gray			
23	25	Sand (f-m), clayey, silty, strong HC odor, Gra			
25	40	Sand (f-m),			
					AS5 , Tag # 00366359 , Flushmount
					Project Name: GF - Home Oil Co.
					GeoCore # 1218 , KDHE # U5 021 00782

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) **9/7/2005** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **9/27/2005** under the business name of **GeoCore, Inc.** by (signature) Dale Kohl

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.