

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL: Fraction Section Number 11 Township Number T 12 S R 5 E Range Number 5
 County Geary NW 1/4 NE 1/4 NE 1/4
 Distance and direction from nearest town or city street address of well if located within city? **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: N 39°01'42.4"
 Longitude: W 96°50'17.2"
 Elevation: 1108.61 pin / 1108.17 toc
 Datum: Above mean sea level
 Data Collection Method: legal survey

2 WATER WELL OWNER: Leiszler Oil Co.
 RR#, St. Address, Box #: 635 W Crawford
 City, State, ZIP Code: Clay Center, KS 67432

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

| | |
|----|----|
| N | |
| | X |
| NW | NE |
| | |
| SW | SE |
| S | |

4 DEPTH OF COMPLETED WELL 50 ft. **MW11**
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL 42.90 ft. below land surface measured on mo/day/yr 3/20/07
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ 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 Feed lot 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 **X**; If yes, mo/day/yr
 Sample was submitted _____ Water Well Disinfected? Yes _____ No **X**

5 TYPE OF 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 **X**
 Blank casing diameter 2 in. to 50 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface 0.44 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____
 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 Guaze 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 35 ft. to 50 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 33 ft. to 50 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 cement, 0-3'
 Grout Intervals From 3 ft. to 33 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 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 | LITHOLOGIC LOG |
|------|------|---|------|------|--|
| 0 | 3 | Soil | 32.5 | 39.5 | Clay, red-brown, moist, low plasticity |
| 3 | 7 | Clay, dk brown, moist, med plasticity | 39.5 | 50 | Clay, red-brown, wet, high plasticity |
| 7 | 10 | Sandy clay, red-brown, moist, med plasticity, fine to med grained | | | |
| 10 | 12 | Sand, red-tan, moist, fine to med grained | | | |
| 12 | 14 | Sandy clay, red-brown, moist, med plasticity, fine grained | | | |
| 14 | 16 | Clay, red-brown, moist, med plasticity | | | |
| 16 | 28 | Sand, red-tan, fine to med grained, dry | | | Flushmount waiver by D. Taylor |
| 28 | 32.5 | Sand, red-tan, med grained, drv | | | |

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) 3/20/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 4/12/07 under the business name of Larsen & Associates, Inc. by (signature) _____

INSTRUCTIONS: Please fill in blanks 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>.