

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

| | | | | | | |
|---|-----|---|------|---|--|--------------------------|
| 1 LOCATION OF WATER WELL: County: Geary | | Fraction NW ¼ NE ¼ NE ¼ | | Section Number 11 | Township Number T 12 S R 5 E | Range Number 5 |
| Distance and direction from nearest town or city street address of well if located within city? 539 W 6th St, Junction City | | | | Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 39.02869° Longitude: W 96.83883° Elevation: 1107.76 pin / 1107.41 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: | | 4 DEPTH OF COMPLETED WELL 50 ft. | | | | |
| <div style="text-align: center;"> </div> | | MW20 | | | | |
| | | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. | | | | |
| | | WELL'S STATIC WATER LEVEL 39.72 ft. below land surface measured on mo/day/yr 9/21/07 | | | | |
| | | 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 35 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. | | Casing height below land surface 0.35 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) _____ | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | |
| SCREEN-PERFORATED INTERVALS: | | 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) _____ | | | | |
| GRAVEL PACK INTERVALS: | | From 35 ft. to 50 ft. From _____ ft. to _____ ft. | | | | |
| | | From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | |
| | | From 34 ft. to 51 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, 0-2' | | | | |
| Grout Intervals From 2 ft. to 34 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? Southwest How many feet? ~350 | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG | |
| 0 | 0.5 | Concrete | 38 | 40 | Sand with some silt and clay, crumbly | |
| 0.5 | 8 | Silty clay, dark gray-brown, stiff | | | | |
| 8 | 13 | Shale clay, light gray, moist, fat | | | | |
| 13 | 17 | Silty clay, gray-brown, moist, plastic | | | | |
| 17 | 28 | Silty with some fine sand and clay, red-brown, soft, moist | | | | |
| 28 | 31 | Silty with some fine sand and clay, red-brown, soft, moist, with some sand strings, medium grained, perched water | | | | |
| 31 | 38 | Sandy clay, w some silt, red, soft, moist | | | Flushmount waiver with Bureau of Water | |
| 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) 9/20/07 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) 10/4/07 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 . | | | | | | |