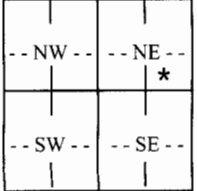


**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Dickinson</u>	Fraction <u>NW 1/4 SE 1/4 NE 1/4</u>	Section Number <u>24</u>	Township Number <u>T 13 S</u>	Range Number <u>R 3 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>4 1/2 miles East of Enterprise, KS &amp; 3/4 mile North</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
<b>2 WATER WELL OWNER:</b> <u>William &amp; Joycelyn Randle</u> RR#, St. Address, Box # : <u>2167 Quail Rd</u> City, State, ZIP Code : <u>Chapman, Kansas 67431</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N  W E S	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>129</u> ..... ft. Depth(s) Groundwater Encountered (1)..... <u>1.14</u> ... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>85</u> .... ft. below land surface measured on mo/day/yr <u>3/26/09</u> ... Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield..... <u>1.5</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 <u>1 Domestic</u> 3 Feedlot 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 <u>*</u> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>*</u> ..... No .....
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**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <u>*</u> ..... Clamped.....
2 PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter .....5..... in. to .....1.29..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface.....1.7..... in., Weight .....2.00..... lbs./ft. Wall thickness or gauge No. 2.50.....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	<u>7 PVC</u>	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.....1.02... ft. to .....1.29..... ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From.....2.6.... ft. to .....1.29..... 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 .....2.6.... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

<u>1</u> 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? NORTHEAST..... WILL BE APPROX How many feet? 1.00±.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	*PLUGGING INTERVALS*
0	6	DARK TOP SOIL	71	85	LITE COLOR SHALE
6	2	LIMESTONE LITE COLOR	85	108	MAROON SHALE & MIXED GRAY
2	16	LITE COLOR SHALE & CLAY	108	114	LITE COLOR LIMESTONE
16	17	LITE COLOR LIMESTONE	114	115	LITE COLOR CLAY & SHALE
17	21	LITE CLAY	115	124	HARD LIMESTONE DARK LIME
21	33	MAROON CLAY & SHALE	124	129	GRAY SHALE
33	38	GRAY SHALE			
38	56	LITE COLOR LIMESTONE			
56	66	LITE COLOR SHALE			
66	71	HARD LIMESTONE			

**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) 3/26/09..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....397.. This Water Well Record was completed on (mo/day/year) 3/26/09..... under the business name of CENTRAL KANSAS DRILLING by (signature) Harold D. Martin

**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>.