

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

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|---|---|-----------------------------|----------------------------------|------------------------------|
| 1 LOCATION OF WATER WELL: County: <u>Reynolds County</u> | Fraction <u>NE 1/4 NE 1/4 SW 1/4</u> | Section Number <u>34</u> | Township Number <u>T 13 S</u> | Range Number <u>R 7 E</u> |
|---|---|-----------------------------|----------------------------------|------------------------------|

Distance and direction from nearest town or city street address of well if located within city?

| | | |
|---|--|--|
| 2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code : | <u>KANSAS State UNIVERSITY</u> <u>WATERS HALL</u> | 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... 20.999 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 0.999 ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter _____ in. to _____ 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 |
| <u>2 Irrigation</u> | 4 Industrial | 7 Lawn and garden only |
| | | 10 Monitoring well |
| | | 12 Other (Specify below) |

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:

| | | | | |
|---------|------------|-------------------|-------------------------------|--|
| 1 Steel | 3 RMP (SR) | 5 Wrought iron | <u>8 Concrete tile</u> | CASING JOINTS: Glued _____ Clamped _____ |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) _____ | Welded _____ |
| | | 7 Fiberglass | | Threaded _____ |

Blank casing diameter 10 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|---------|--------------------|------------------------|------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 7 PVC | 10 Asbestos-cement |
| 2 Brass | 4 Galvanized steel | <u>6 Concrete tile</u> | 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) <u>NA</u> | |

SCREEN-PERFORATED INTERVALS: From NA ft. to NA ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 20 ft. to 0 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 | <u>14 Abandoned water well</u> |
| 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) |
| | | | <u>13 Insecticide storage</u> | |

Direction from well? South How many feet? 14 mile

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|-----------|----------|----------------|------|----|--------------------|
| <u>20</u> | <u>0</u> | <u>CEMENT</u> | | | |
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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) 7-20-90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 11-26-90 under the business name of _____ by (signature) _____

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.