

Eskridge

WATER WELL RECORD

Form WWC-5

KSA 82a-1212

Jd R

1 LOCATION OF WATER WELL		Fraction <u>SE 1/4 SW 1/4 SW 1/4</u>	Section Number <u>1</u>	Township Number <u>T 14 S</u>	Range Number <u>R 12 E W</u>
County: <u>Wabunsee</u>		Distance and direction from nearest town or city? <u>3 E of Eskridge</u>			
2 WATER WELL OWNER: <u>Bill Mercer</u>		Board of Agriculture, Division of Water Resources			
RR# <u>RR</u> , St. Address, Box # <u>Eskridge, KS 66423</u>		Application Number:			
City, State, ZIP Code					
3 DEPTH OF COMPLETED WELL <u>71</u> ft. Bore Hole Diameter <u>8</u> in. to <u>17</u> ft. and <u>6 1/4</u> in. to <u>71</u> ft.					
Well Water to be used as:		5 Public water supply 8 Air conditioning 11 Injection well 0 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well			
Well's static water level <u>17 1/2</u> ft. below land surface measured on <u>6</u> month <u>9</u> day <u>79</u> year					
Pump Test Data		Est. Yield <u>5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm			
4 TYPE OF BLANK CASING USED:		Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____			
1 Steel		5 Wrought iron		8 Concrete tile	
2 PVC		6 Asbestos-Cement		9 Other (specify below)	
3 RMP (SR)		7 Fiberglass		Threaded _____	
4 ABS				Welded _____	
Blank casing dia <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No <u>200</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement			
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		8 RMP (SR)	
		6 Concrete tile		9 ABS	
				11 Other (specify) _____	
				12 None used (open hole)	
Screen or Perforation Openings Are:		5 Gauzed wrapped 8 Saw cut 11 None (open hole)			
1 Continuous slot		3 Mill slot		6 Wire wrapped	
2 Louvered shutter		4 Key punched		7 Torch cut	
Screen-Perforation Dia <u>3/16</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Screen-Perforated Intervals: From <u>24</u> ft. to <u>71</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
5 GROUT MATERIAL:		1 Neat cement 2 Cement grout 3 Bentonite 4 Other			
Grouted Intervals: From <u>0</u> ft. to <u>19</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		10 Fuel storage 14 Abandoned water well			
1 Septic tank		4 Cess pool		7 Sewage lagoon	
2 Sewer lines		5 Seepage pit		8 Feed yard	
3 Lateral lines		6 Pit privy		9 Livestock pens	
11 Fertilizer storage		12 Insecticide storage		15 Oil well/Gas well	
13 Watertight sewer lines		16 Other (specify below)			
Direction from well <u>South</u> How many feet <u>300</u> ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>					
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____					
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.					
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other					
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>6</u> month <u>9</u> day <u>79</u> year					
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>316</u>					
This Water Well Record was completed on <u>11</u> month <u>13</u> day <u>79</u> year under the business name of <u>Robinson Drilling</u> by (signature)					
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM TO		LITHOLOGIC LOG	
		0 2		Tip Soil	
		2 17		Clay yellow	
		17 20		Broken lime	
		20 24		shale	
		24 25		lime	
		25 32		shale	
		32 35		lime	
		35 53		shale	
		53 65		Red bed	
		65 71		shale	
ELEVATION: <u>1291</u>					
Depth(s) Groundwater Encountered 1. <u>24</u> ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)					

OFFICE USE ONLY

T

14

R

12

CEN

SEC

SE 1/4 SW 1/4 SW 1/4

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.