

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

## 1 LOCATION OF WATER WELL:

County: WABASH

Fraction

NE 1/4 NE 1/4 NW 1/4

Section Number

13

Township Number

T 14 S

Range Number

R 9 EDistance and direction from nearest town or city street address of well if located within city? FROM ALTAVISTA: 6 MILES EAST, 1 MILE SOUTH AND 1/2 EAST

Global Positioning Systems (decimal degrees, min. of 4 digits)

Latitude: 38° 50.422Longitude: 96° 21.980Elevation: 1461Datum: —Data Collection Method: —2 WATER WELL OWNER: GARRIS ZIMMERMANRR#, St. Address, Box # : P.O. BOX 207City, State, ZIP Code : ALTAVISTA, KS 66834

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

		X		

4 DEPTH OF COMPLETED WELL ..... 80 ..... ft.Depth(s) Groundwater Encountered (1) 55 ..... ft. (2) — ..... ft. (3) — ..... ft.WELL'S STATIC WATER LEVEL ..... 48 ..... ft. below land surface measured on mo/day/yr. 9/23/06

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

Est. Yield. 25 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Domestic (lawn &amp; garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X .....; If yes, mo/day/yrSample was submitted ..... Water well disinfected? Yes X ..... No .....

## 5 TYPE OF CASING USED:

1 Steel

3 RMP (SR)

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued X ..... Clamped .....

2 PVC

4 ABS

7 Fiberglass

9 Other (specify below)

Welded .....

Threaded .....

Blank casing diameter 5 ..... in. to 45 ..... ft., Diameter 5 ..... in. to 80 ..... ft., Diameter ..... in. to ..... ft.Casing height above land surface ..... 24 ..... in., Weight ..... lbs./ft. Wall thickness or gauge No. SDR21

## 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 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 45 ..... ft. to 65 ..... ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 25 ..... ft. to 80 ..... 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 3 ..... ft. to 25 ..... 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

EXISTING WELLSDirection from well? NORTH How many feet? 37

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	12	CLAY			
12	23	LEASTONE TAN			
23	48	SHALE, GRAY			
48	52	LEASTONE			
52	56	SHALE, GRAY			
56	61	LEASTONE H <sub>2</sub> O @ 58			
61	80	SHALE, GRAY			

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) 9/23/06 ..... and this record is true to the best of my knowledge and belief.Kansas Water Well Contractor's License No. 760 ..... This Water Well Record was completed on (mo/day/year) 10/23/06 .....under the business name of ASSOCIATED DRILLING INC by (signature) [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, 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.kdhe.state.ks.us/geo/waterwells>.