

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

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| 1 LOCATION OF WATER WELL: County: <u>Morris</u> | Fraction <u>SE 1/4 SW 1/4 SW 1/4</u> | Section Number <u>7</u> | Township Number <u>T 15 S</u> | Range Number <u>R 5 EW</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>1/2 mile East of Herington</u> <u>3174 Hwy 56</u> | | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____ | | |
| 2 WATER WELL OWNER: <u>Gunner Kichhofer</u> RR#, St. Address, Box # : <u>3174 Hwy 56</u> City, State, ZIP Code : <u>Herington, KS 67449</u> | | | | |

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| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 100px;"> <tr><td>--NW--</td><td>--NE--</td></tr> <tr><td> </td><td> </td></tr> <tr><td>--SW--</td><td>--SE--</td></tr> <tr><td> </td><td> </td></tr> </table> E S | --NW-- | --NE-- | | | --SW-- | --SE-- | | | 4 DEPTH OF COMPLETED WELL <u>51</u> ft. Depth(s) Groundwater Encountered (1)..... <u>25</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>22</u> ft. below land surface measured on mo/day/yr <u>Nov. 25-07</u> Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield. <u>207</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 <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No |
| --NW-- | --NE-- | | | | | | | | |
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| --SW-- | --SE-- | | | | | | | | |
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| 5 TYPE OF CASING USED: <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass | 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped..... Welded..... Threaded..... | Blank casing diameter <u>5</u> in. to <u>24</u> ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface..... <u>16</u> in., Weight lbs./ft. Wall thickness or gauge No. <u>SDR-20</u> |
| TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (Specify) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RM (SR) <input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 12 None used (open hole) | | |
| SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 7 Torch cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input checked="" type="checkbox"/> 8 Saw Cut <input type="checkbox"/> 10 Other (specify) | | |
| SCREEN-PERFORATED INTERVALS: From..... <u>24</u> ft. to <u>50</u> ft., From ft. to ft. From..... ft. to ft., From ft. to ft. | | |
| GRAVEL PACK INTERVALS: From..... <u>NONE</u> ft. to ft., From ft. to ft. From..... ft. to ft., From ft. to ft. | | |

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| 6 GROUT MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other | Grout Intervals: From..... <u>3</u> ft. to <u>23</u> ft., From ft. to ft., From ft. to ft. |
| What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 13 Insecticide Storage <input checked="" type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer Storage <input type="checkbox"/> 15 Oil well/gas well <u>Proposed Lagoon</u> | |
| Direction from well? <u>North</u> How many feet? <u>150</u> | |

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|-----------------|------|----|--|
| 0 | 3 | Topsoil Blk | | | Called & TALKED to the Richard Harper, for the this log is Reason this log is so late on the 8th of Apr 08 (Medical) |
| 3 | 9 | Shale Gray | | | |
| 9 | 10 | Clay Brn | | | |
| 10 | 15 | lime-Yel- Frac | | | |
| 15 | 23 | Shale-Red | | | |
| 23 | 25 | lime-lite | | | |
| 25 | 27 | Fractured, lime | | | |
| 27 | 38 | Shale lite grey | | | |
| 38 | 51 | lime | | | |

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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Nov. 25-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>218</u> This Water Well Record was completed on (mo/day/year) <u>Dec. 6-07</u> under the business name of <u>Zinn Water Well Drllg</u> by (signature) <u>Joseph A. Zinn</u> |
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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>.