

SECTION 12C COUNCIL GROVE CITY LAKE

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

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: MORRIS		SE 1/4 SW 1/4 SW 1/4	19	T 16-8 S	R 8 E/W
Distance and direction from nearest town or city street address of well if located within city? 3 West 1/2 North Council Grove west end of Baber & N					
2 WATER WELL OWNER: MRS BERNICE URQUHART					
RR#, St. Address, Box # : 1402 LUTHER					
City, State, ZIP Code : EMPORIA KS 66801					
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: 80 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 128 ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter 8 in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)			
		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 _____			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ <input checked="" type="radio"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____					
Blank casing diameter 5 in. to 20 ft., Dia _____ in. to 70 ft., Dia _____ in. to 80 ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 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) _____					
SCREEN-PERFORATED INTERVALS: From 20 ft. to 70 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <input type="radio"/> Neat cement <input checked="" type="radio"/> Cement grout 3 Bentonite 4 Other _____					
Grout intervals: From 0 ft. to 15 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<input checked="" type="radio"/> Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 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) _____ 13 Insecticide storage _____					
Direction from well? N How many feet? 50					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	BLACK DIRT			
3	5	GRAVEL			
5	20	ROCK YELLOW			
20	28	SHALE RED			
28	35	LIME ROCK			
35	40	SHALE BLUE			
40	45	LIME GRAY			
45	50	SHALE BLUE			
50	60	LIME GRAY			
60	75	SHALE BLUE			
75	80	LIME GRAY			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) JUNE 25 1986 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 156 This Water Well Record was completed on (mo/day/yr) JULY 22 1986					
under the business name of L.H. KRAUSE SHOP by (signature) L.H. Krause					
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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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