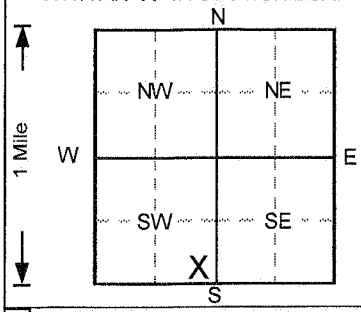
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Marion**	**SE ¼ SE ¼ SW ¼**	**11**	T **18** S	R **4** (E) W

Distance and direction from nearest town or city street address of well if located within city?
US Hwy 77 & Main St., Lincolnville

2 WATER WELL OWNER: **Kansas Dept. of Health & Environment**
RR#, St. Address, Box # : **1000 SW Jackson St., Suite 410**
City, State, ZIP Code : **Topeka, Kansas 66612-1367**
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 **15** ft. ELEVATION:
Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr
Pump test data: Well water was **NA** ft. after hours pumping gpm
Est. Yield **NA** gpm: Well water was ft. after hours pumping gpm
Bore Hole Diameter **8** in. to **15** 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 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only (10) Monitoring well
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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
(2) PVC 4 ABS 7 Fiberglass Threaded ✓
Blank casing diameter **2** in. to **5** ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No. **Sch. 40**
TYPE OF SCREEN OR PERFORATION MATERIAL
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 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)
SCREEN-PERFORATED INTERVALS: From **5** ft. to **15** ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From **4** ft. to **15** 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 **Concrete**
Grout Intervals: From **0** ft. to **1** ft., From **1** ft. to **4** 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 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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Gravel and clay,			
0.5	4	Clay w/limestone clasts, Brown to Yellow Brn			
4	7.5	Shale, wthrd, w/thin LS stringers, Yellow Brn			
7.5	13	Limestone, arg., hard, Buff			
13	15	Shale, firm, Gray to Blue Gray			
					MW12 , Flushmount

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) **12/31/2013** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **1/3/14** under the business name of **GeoCore, Inc.** 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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼