WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. _____

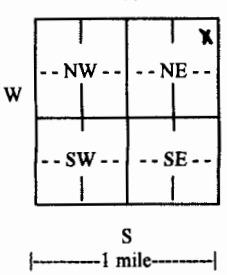
1 LOCATION OF WATER WELL: County: MARION | Fraction: NE ¼ NE ¼ NE ¼ NE ¼ | Section Number: 16 | Township No.: T 18 S | Range Number: R 5 ☑E ☐W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☑.

Global Positioning System (GPS) information:
Latitude: ..... (in decimal degrees)
Longitude: ..... (in decimal degrees)
Elevation: .....
Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☐ GPS unit (Make/Model: .....)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: DUANE DITTMAN
RR#, Street Address, Box #: 2777 290 ST
City, State, ZIP Code : LINCOLNVILLE, KS 66858

3 LOCATE WELL WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 100 ft.
Depth(s) Groundwater Encountered (1) 82 ft. (2) ..... ft. (3) ..... ft.
WELL'S STATIC WATER LEVEL 75 ft. below land surface measured on mo/day/yr. 3/8/13
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
EST. YIELD 15 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: ☐ Public water supply ☐ Geothermal ☐ Injection well
☑ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ 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 CASING USED: ☐ Steel ☑ PVC ☐ Other .....
CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 5 in. to 100 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 16 in., Weight ..... lbs./ft., Wall thickness or gauge No. SDR26
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) .....
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☑ Saw cut ☐ Other (specify) .....
SCREEN-PERFORATED INTERVALS: From 75 ft. to 100 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From NONE ft. to ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☑ Neat cement ☐ Cement grout ☐ Bentonite ☐ 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:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☑ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well .....
Direction from well NORTH Distance from well 50FT

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	TOPSOIL BLK	43	45	SHALE LITE GRAY
3	5	LIME YEL	45	70	SHALE RED ROCK
5	7	SHALE YEL	70	86	LIME WITH FRAC TAN
7	10	LIME YEL	86	91	SHALE GRAY
10	14	SHALE TAN	91	100	LIME TAN
14	15	LIME TAN			
15	25	SHALE TAN			
25	29	LIME TAN			
29	36	SHALE YEL			
36	43	LIME LITE GRAY			

RECEIVED
APR 16 2013
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 3/8/13 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 218 This Water Well Record was completed on (mo/day/year) 4/10/13 under the business name of ZINN WATER WELL DRILLING by (signature) Joseph A. Zinn

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212 Check: ☒ White Copy, ☐ Blue Copy, ☐ Pink Copy