

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

1 LOCATION OF WATER WELL: County: <u>Brown</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>30</u>	Township Number <u>T 1 S</u>	Range Number <u>R 17 E</u>
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Distance and direction from nearest town or city street address of well if located within city?  
4 North & 1 West of Hiawatha

2 WATER WELL OWNER: Darin Bauerle  
 RR#, St. Address, Box #: Rt. 1 Box 31  
 City, State, ZIP Code: Hiawatha, Kansas 66434  
 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: <u>65</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <u>36</u> ft. below land surface measured on <u>7-28-95</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>30</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <u>8 3/4</u> in. to <u>6 5/8</u> in. and _____ in. to _____ in. WELL WATER TO BE USED AS: 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 <input checked="" type="checkbox"/> _____; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> _____ No _____
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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 _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded _____

Blank casing diameter 5 in. to 5 8/8 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 24 in., weight 2.82 lbs./ft. Wall thickness or gauge No. 258  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) \_\_\_\_\_  
 2 Brass 4 Galvanized steel 6 Concrete tile 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 58 ft. to 65 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From X ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From X 24 ft. to X 65 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 4 ft. to 24 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 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? NW How many feet? 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	16	brown clay			
16	27	yellow clay			
27	28	loose limestone - cherty			
28	30	tan silty clay			
30	50	yellow clay			
50	58	brown fine sand			
58-	63	brown large gravel 1/2 x 3/4			
63	65	grey shale			

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) 7-28-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182. This Water Well Record was completed on (mo/day/yr) 9-6-95 under the business name of Strader Drilling Co., Inc by (signature) Dale Strader

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.