

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Marshall</u>		Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section Number <u>9</u>	Township Number T <u>1</u> S	Range Number R <u>6</u> <u>EW</u>															
Distance and direction from nearest town or city street address of well if located within city? <u>5 miles N 2 miles E of Bremen</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>N 39.973572</u> Longitude: <u>W 96.754982</u> Elevation: <u>1276</u> Datum: _____ Data Collection Method: <u>Hand Held</u>																	
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : <u>Elda A. Friedrichs</u> City, State, ZIP Code : <u>367 3rd rd Bremen, KS 66412</u>																				
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W <table border="1" style="display: inline-table; width: 100px; height: 100px; text-align: center; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>-- NW --</td><td>-- NE --</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>-- SW --</td><td>-- SE --</td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> E S					-- NW --	-- NE --					-- SW --	-- SE --					<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>140</u> ..... ft.  Depth(s) Groundwater Encountered (1)..... <u>8.7</u> ..... ft. (2)..... <u>9.6</u> ..... ft. (3)..... <u> </u> ..... ft. WELL'S STATIC WATER LEVEL..... <u>4.2</u> ..... ft. below land surface measured on mo/day/yr... <u>1-29-09</u> Pump test data: Well water was..... <u> </u> ..... ft. after..... <u> </u> ..... hours pumping..... <u> </u> ..... gpm Est. Yield.. <u>35</u> gpm: Well water was..... <u> </u> ..... ft. after..... <u> </u> ..... hours pumping..... <u> </u> ..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <u>1 Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well  Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>X</u> ... No .....			
-- NW --	-- NE --																			
-- SW --	-- SE --																			
<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued... <u>X</u> ... Clamped..... <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded..... 7 Fiberglass Threaded..... Blank casing diameter ..... <u>5</u> ..... in. to ..... <u>8.5</u> ..... ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft. Casing height above land surface..... <u>24</u> ..... in., Weight ..... <u>2.82</u> ..... lbs./ft. Wall thickness or gauge No. .... <u>25.8</u> ..... TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) ..... 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped <u>8 Saw Cut</u> 10 Other (specify) ..... SCREEN-PERFORATED INTERVALS: From..... <u>8.5</u> ..... ft. to ..... <u>90.032</u> ft., From..... ft. to ..... ft. From..... <u>90</u> ..... ft. to ..... <u>100.050</u> ft., From..... ft. to ..... ft. GRAVEL PACK INTERVALS: From..... <u>2.5</u> ..... ft. to ..... <u>140</u> ..... ft., From..... ft. to ..... ft. From..... ft. to ..... ft., From..... ft. to ..... ft.																				
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other ..... Grout Intervals: From ..... <u>1</u> ..... ft. to ..... <u>2.5</u> ..... 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 <u>10 Livestock pens</u> 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? ..... <u>SE</u> ..... How many feet? ..... <u>100 ft</u> .....																				
FROM TO		LITHOLOGIC LOG	FROM TO		PLUGGING INTERVALS															
0	3	Topsoil	69	71	Tan shale															
3	18	brown clay	71	82	red shale															
18	41	brown clay with gravel	82	91	Limestone-loose tan-shale streaks															
41	43	red shale	91	96	grey shale															
43	49	Tan shale-with red streaks	96	98	Limestone-loose tan															
49	51	blue-grey shale	98	103	grey shale															
51	53	red shale	103	105	red shale															
53	56	grey shale	105	107	grey shale															
56	67	red shale	107	111	gyp															
67	69	Tan shale limestone	111	140	grey limestone															
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ... <u>1-29-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... <u>18.2</u> ... This Water Well Record was completed on (mo/day/year) ... <u>1-30-09</u> ... under the business name of <u>Strader Drilling Co. Inc.</u> by (signature) <u>Jim Strader</u>																				
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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																				