

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: CRAWFORD LYON Fraction NW 1/4 SE 1/4 NW 1/4	Section Number 35	Township Number T 21 S	Range Number R 10 EW
Distance and direction from nearest town or city street address of well if located within city? FROM OLPE: 4 MILES SOUTH ON HWY 99, 4 MILES WEST, 1 MILE SOUTH AND 2 3/4 WEST		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____	

2 WATER WELL OWNER: **DAVID FARTHING**
RR#, St. Address, Box # : **528 RD 20**
City; State, ZIP Code : **OLPE, KS 66865**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 80px; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--NW--</td><td>X</td><td>--NE--</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>--SW--</td><td> </td><td>--SE--</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> S				--NW--	X	--NE--				--SW--		--SE--				4 DEPTH OF COMPLETED WELL 122 ft. Depth(s) Groundwater Encountered (1) 38 ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL... 82 ft. below land surface measured on mo/day/yr 2/18/07 Pump test data: Well water was _____ ft. after _____ hours pumping gpm Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 <u>Oil field water supply</u> 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial <u>Domestic</u> (lawn & garden) 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
--NW--	X	--NE--														
--SW--		--SE--														

5 TYPE OF 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
PVC 4 ABS 7 Fiberglass Threaded

Blank casing diameter **5** in. to ft., Diameter in. to ft., Diameter in. to 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 7 PVC 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 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **32** ft. to **42** ft., From _____ ft. to _____ ft.
From **112** ft. to **122** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **25** ft. to **122** ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 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:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 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 **CREEK/RIVER**

Direction from well? **S.O. W.** How many feet? **60**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	34	CLAY			
34	38	SHALE GRAY			
38	42	LIMESTONE H2O			
42	106	SHALE GRAY			
106	112	LIMESTONE			
112	122	SHALE GRAY			

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) **2/18/07** and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. **760** This Water Well Record was completed on (mo/day/year) **2/18/07**
under the business name of **ASSOCIATED DRILLING CO.** by (signature) *[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, 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 constructed well. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.