

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Neosho Fraction: SE 1/4 NE 1/4 SE 1/4 Section Number: 17 Township Number: T 27 S Range Number: R 18 EW

Distance and direction from nearest town or city street address of well if located within city? 50' N of Hickory 50' W of Santa Fe

2 WATER WELL OWNER: KDHE/BER
 RR#, St. Address, Box #: St 410, 1000 SW Jackson
 City, State, ZIP Code: Topeka, KS 66613

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 37.69370° N
 Longitude: 95.45291° W
 Elevation: 915.93
 Datum: _____
 Data Collection Method: legal land survey

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

--NW--	--NE--	
--SW--	--SE--	X

4 DEPTH OF COMPLETED WELL: 22.3 ft.

Depth(s) Groundwater Encountered (1) 4-6 ft. (2) 8-12 ft. (3) 24 ft.
 WELL'S STATIC WATER LEVEL: 2.98 ft. below land surface measured on mo/day/yr. 11/11/05
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ 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 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; If yes, mo/day/yr
 Sample was submitted _____ Water well disinfected? Yes No

5 TYPE OF CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X

Blank casing diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or guage No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless Steel 4 Galvanized Steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RM (SR) 9 ABS 10 Asbestos-Cement 11 Other (Specify) _____ 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5. Guazed wrapped 6 Wire wrapped 7 Torch cut 8 Saw Cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 17.3 ft. to 22.3 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 16 ft. to 22.3 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 2 ft. to 16 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer Storage 13 Insecticide Storage 14 Abandoned water well 15 Oil wll/gas well 16 Other (specify below) farmer refinery

Direction from well? on site How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	no recovery	18.5	24	no recovery
4	6	saturated dk grey clayey silt			
6	6.5	sandy dk grey clayey silt			
6.5	6.7	dk grey silty clay trace sand			
6.7	7.1	gravelly silt w/ 1/2 chnks dk grey			
7.1	8	olive clayey silt w/ iron oxide			
8	16.8	no recovery			
16.8	18.2	dk dk grey silty clay to clayey silt sand iron oxide			
18.2	18.5	sand slightly clayey v.f. to coarse, trace gravel			

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) 9/16/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Recorded was completed on (mo/day/year) 11/11/05 Under the business name of KS. Dept of Health & Env. by (signature) Pamela K. Chaffee

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.