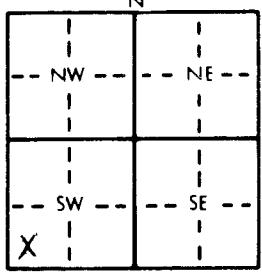


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: RIR Fraction: SW 1/4 SW 1/4 SW 1/4 Section Number: 21 Township Number: T 28 S Range Number: R 13E ENE

Distance and direction from nearest town or city street address of well if located within city?  
1/4 MILES SOUTH 1/2 E 1/2 S 3/4 E OF FALL RIVER, KS 67047

2 WATER WELL OWNER: GENE SCHWAB  
 RR#, St. Address, Box #: RR 1  
 City, State, ZIP Code: WILLARD MO. 65781  
 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: 123 ft. ELEVATION: \_\_\_\_\_

Depth(s) Groundwater Encountered 1. 35 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL 25 ft. below land surface measured on mo/day/yr  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield 159 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:  
 1 Domestic  2 Irrigation  3 Feedlot  4 Industrial   
 5 Public water supply  6 Oil field water supply  7 Lawn and garden only  8 Air conditioning  9 Dewatering  10 Monitoring well  11 Injection well  12 Other (Specify below)   
 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 BLANK 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)  10 Asbestos-cement  11 Other (specify)  12 None used (open hole)   
 CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_ Welded \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing diameter 5 in. to 20 ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 12 in. weight 160 lbs./ft. Wall thickness or gauge 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 RMP (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 Gauzed wrapped  6 Wire wrapped  7 Torch cut  8 Saw cut  9 Drilled holes  10 Other (specify)  11 None (open hole)

SCREEN-PERFORATED INTERVALS: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From \_\_\_\_\_ ft. to \_\_\_\_\_ 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 \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ 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 well/Gas well  16 Other (specify below)   
 Direction from well? \_\_\_\_\_ How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	SILT			
5	20	YELLOW CLAY			
20	45	SANDSTONE			
45	123	BLUE SHALE (GRAY 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) 11/17/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 501 This Water Well Record was completed on (mo/day/yr) 11/17/96 under the business name of Callier water well service by (signature) Kenneth M Callier

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.

OFFICE USE ONLY  
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