

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

1 LOCATION OF WATER WELL: County: Butler Fraction: NE 1/4 NE 1/4 SE 1/4 Section Number: 21 Township Number: T 28 S Range Number: R 3 E

Distance and direction from nearest town or city street address of well if located within city?
From Rose Hill 1 1/2 miles North 2 miles East 1/2 South

2 WATER WELL OWNER: Rent Warkick
RR#, St. Address, Box #: #1 Frontier Lane
City, State, ZIP Code: Rose Hill, KS

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: 75' ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: 8 in. to 25 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
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 ✓; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes ✓ No _____

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ✓ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
Blank casing diameter 5 in. to 55 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. 5026

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

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Min 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 55 ft. to 75 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 22 ft. to 75 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 0 ft. to 22 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? South How many feet? 1/2 mile

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0 1 Top Soil _____
1 8 Brown Clay _____
8 12 Yellow Clay _____
12 35 Limestone (soft yellow) _____
35 38 Broken lime _____
38 42 Limestone _____
42 75 Limestone w/shale streaks _____

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) 12-28-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 464 This Water Well Record was completed on (mo/day/yr) 1-6-00 under the business name of Water Well Services by (signature) Robert L. [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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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