WATER WELL RECORD	Form W	WC-5	Divisi	ion of Water	r Resources App. No	_{).}		
1 LOCATION OF WATER WELL:	Fraction		Section	Number	Township No.	Range N		
County: Barton	1/4 SE 1/4 SE			2	T 18 S	R 11	□E 🛛 W	
Street/Rural Address of Well Location;			Global Po	ositioning	System (GPS) info 38.435055	ormation:	mal daamaaa)	
from nearest town or intersection: If at owner's address, check here Approximately 5 miles north and 1 mile east of Ellinwood			Latitude	Latitude: 38.435055 (in decimal degrees) Longitude: -98.554963 (in decimal degrees)				
Approximately 5 miles north and 1 mile east of Ellinwood			Elevation	Elevation: unknown				
A WATER WELL OWNER			Datum:	Datum: WGS 84, NAD 83, NAD 27				
2 WATER WELL OWNER: Mike Ringwald RR#, Street Address, Box #: 655 3rd Rd.			Collection	Collection Method:				
			GPS unit (Make/Model: WAAS Digital Map/Photo, Topographic Map, Land Survey					
City, State, ZIP Code : Ellinwood, KS 67526			Est. Accu	Est. Accuracy:				
3 LOCATE WELL								
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft.								
Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL 39.8 ft. below land surface measured on mo/day/yr 7/22/10								
Pump test data: Well water was not checked ft. after hours pumping gpm								
NW NE EST. YIELD unknown gpm. Well water was ft. after hours pumping gpm								
W E Bore Hole Diameter 11 in. to 90 ft., and in. to ft.								
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well								
-SWSE- Domestic Feedlot Oil field water supply Dewatering Other (Specify below) Irrigation Industrial Domestic-lawn & garden Monitoring well								
Was a chemical/bacteriological sample submitted to Department? Yes No								
S If yes, mo/day/yr sample was submitted								
1 mile Water well disinfected? ✓ Yes No								
5 TYPE OF CASING USED: Steel PVC Other								
CASING IOINTS: M Clued Clamped Welded Threaded								
Casing diameter 5 in. to 64 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 24 in., Weight 2.36 lbs./ft., Wall thickness or gauge No. 214								
Casing height above land surface 24 in., Weight 2.36 lbs./ft., Wall thickness or gauge No214								
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify)								
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 64 ft. to 84 ft., From ft. to ft.								
SCREEN-PERFORATED INTERVALS: From 64 ft to 84 ft From ft to ft								
	From	ft. to	fi	t., From	ft. t	0	ft.	
GRAVEL PACK INTERVALS:	From 25	ft. to	90 _f	t., From	ft. 1	to	ft.	
	From :	ft. to	fi	t., From	ft. t	0	ft.	
6 GROUT MATERIAL: Neat ceme	nt Cement grout	Bento	nite 🔀 C	Other	Compact	ted Soil	- - <u>-</u> -	
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Compacted Soil Grout Intervals: From 5 ft. to 25 ft., From ft. to ft., From 0 ft. to 5 ft.								
What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)								
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well								
Waterlight sewer files Seepage pit Tectoyard Tectonizer storage On well/gas wen								
Direction from well FROM TO LITHOLOG	IC LOG	FROM		ITUO I C	OG (cont.) or PLU	GGING IN	TEDVALC	
0 6 Topsoil	ic Loo	TROM	10 1	JIIIO. LC	od (cont.) or FLO	OOING II	TERVALS	
6 9 Clay, gray								
9 14 Clay, gray with sand s	treaks, medium to							
very fine								
14 21 Clay, brown, sandy, m	edium to very fine							
21 59 Clay, brown, hard								
59 62 Clay, white and yellow, hard 62 84 Sandstone, tan, hard, clay streaks, white								
84 89 Clay, dark gray, hard								
89 90 Shale, black, hard								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 7/22/10 and this record is true to the best of my knowledge and belief								
under my jurisdiction and was completed on (mordayyear) and and record is true to the best of my knowledge on (mordayyear)								
Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 7/28/10								
under the business name of Clarke Well & Equipment, Inc. by (signature)								
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at								
http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy								
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