

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Brown</u>	Fraction <u>NE 1/4 NW 1/4 NW 1/4</u>	Section Number <u>24</u>	Township Number T <u>4</u> S	Range Number R <u>18</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Purcell - 0.5 mile W, 1 mile N, 0.75 mile W + 300' S</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>N 39° 41.773</u> Longitude: <u>W 095° 21.258'</u>		

2 WATER WELL OWNER: David Linck
 RR#, St. Address, Box # : 1519 Julia
 City, State, ZIP Code : Atchison, KS 66002

Elevation: _____
 Datum: _____
 Data Collection Method: _____

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

N

	X		
--NW--	--NE--		
W			E
--SW--	--SE--		
			S

4 DEPTH OF COMPLETED WELL 82 ft.

Depth(s) Groundwater Encountered (1).....62..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL.....61..... ft. below land surface measured on mo/day/yr 5/31/2007

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

Est. Yield.. 1.8...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 X.....; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes X..... No

5 TYPE OF CASING USED:

5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <u>X</u> Clamped.....
1 Steel	3 RMP (SR)	6 Asbestos-Cement
2 <u>PVC</u>	4 ABS	7 Fiberglass
		9 Other (specify below)
		10 Asbestos-Cement
		11 Other (Specify)
		12 None used (open hole)

Blank casing diameter5..... in. to62..... ft., Diameter..... in. to ft., Diameter in. to ft.

Casing height above land surface.....24..... in., Weight 2.87.....lbs./ft. Wall thickness or guage No. SDR 21

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<u>7 PVC</u>	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 Gauzed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	<u>8 Saw Cut</u>	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From.....62..... ft. to82..... ft., From ft. to ft.

GRAVEL PACK INTERVALS: From.....24..... ft. to82..... ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From.....4..... ft. to24..... 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	<u>NONE</u>

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>3</u>	<u>Topsoil</u>			
<u>3</u>	<u>32</u>	<u>clay tan</u>			
<u>32</u>	<u>47</u>	<u>clay light brown</u>			
<u>47</u>	<u>62</u>	<u>clay gray</u>			
<u>62</u>	<u>64</u>	<u>sand med brown</u>			
<u>64</u>	<u>66</u>	<u>clay gray</u>			
<u>66</u>	<u>74</u>	<u>sand & gravel</u>			
<u>74</u>	<u>81</u>	<u>clay gray</u>			
<u>81</u>	<u>90</u>	<u>shale gray</u>			

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) 5/31/2007 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 779..... This Water Well Record was completed on (mo/day/year) 6/10/2007 under the business name of Drill-Well LLC 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.kdheks.gov/waterwell/index.html>.