

WATER WELL RECORD SW NE NE NE **Form WWC-5**

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Clay</u>	Fraction <u>N 1/4 NE 1/4 E 1/4</u>	Section Number <u>32 6</u>	Township Number T <u>11</u> S <u>8</u>	Range Number R <u>3</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2367 Eisenhower, Clay Center</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>37.3923</u> Longitude: <u>97.1294</u> Elevation: <u>1359</u> Datum: <u>WGS 84</u> Data Collection Method: _____		

2 WATER WELL OWNER: Ritch MoFlony
RR#, St. Address, Box # : 2367 Eisenhower RD
City, State, ZIP Code : Clay Center, KS 67432

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 60px; height: 60px;"> <tr><td>--NW--</td><td>--NE--</td></tr> <tr><td> </td><td> </td></tr> <tr><td>--SW--</td><td>--SE--</td></tr> <tr><td> </td><td> </td></tr> </table> E S	--NW--	--NE--			--SW--	--SE--			4 DEPTH OF COMPLETED WELL <u>240</u> 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 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 <u>12 Other (Specify below)</u> 2 Irrigation 4 Industrial 7 Domestic (law & garden) 10 Monitoring well <u>Ground source</u> Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> ..; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No <u>X</u> ..
--NW--	--NE--								
--SW--	--SE--								

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass ADPE Threaded.....
Blank casing diameter 3/4 in. to 240 ft., Diameter..... in. to ft., Diameter..... in. to ft.
Casing height above land surface..... in., Weight lbs./ft. Wall thickness or gauge No. SDR 11

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 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 8 Saw Cut 10 Other (specify)

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 Bentonite 4 Other

Grout Intervals: From 0 ft. to 240 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 6 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 15 other

Direction from well? west How many feet? 10

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Soil	191	195	LS
3	48	Yellow Shale	195	240	Alt Shale
48	53	LS			
53	67	Shale Grey			
67	73	Shale light grey			
73	108	LS			
108	113	LS			
113	140	Shale Grey			
140	143	LS			
143	191	Shale Grey			

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) 8/20/07 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 10/1/07
under the business name of ASSOCIATED DRILLERS INC 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>.