

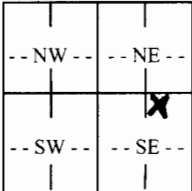
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>CLAY</u>	Fraction <u>NW 1/4 NE 1/4 SE 1/4</u>	Section Number <u>5</u>	Township Number <u>T 8 S</u>	Range Number <u>R 3 E W</u>
Distance and direction from nearest town or city street address of well if located within city?		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>39.38564</u> Longitude: <u>97.11338</u> Elevation: <u>1322</u> Datum: _____ Data Collection Method: <u>W65B4</u>		

**2 WATER WELL OWNER:** MS. JOAN RUFF  
RR#, St. Address, Box # : 5317 MISSION WOODS TER.  
City, State, ZIP Code : MISSION, KS 66205

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N  W E S	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>175</u> ..... ft. Depth(s) Groundwater Encountered (1) <u>167</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>121</u> ft. below land surface measured on mo/day/yr. <u>8-17-2010</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield: <u>40</u> 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 <u>1 Domestic</u> (lawn & garden) 10 Monitoring well 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 <u>X</u> _____ No _____
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**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped \_\_\_\_\_  
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
2 PVC 4 ABS 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
Blank casing diameter 6 in. to 175 ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
Casing height above land surface 24 in., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. SDR26  
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 155 ft. to 175 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
GRAVEL PACK INTERVALS: From 30 ft. to 175 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 30 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 HOUSE \_\_\_\_\_  
Direction from well? NORTH How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	40	CLAYEY SILT TAN, TRACES SAND			
40	42	LIMESTONE			
42	115	SHALE, TAN			
115	120	LIMESTONE			
120	167	SHALE, GRAY TO RED			
167	174	LIMESTONE, H2O			
174	175	SHALE, GRAY			

**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) 8-17-2010 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) 9-2-2010 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>.