

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. 849

1 LOCATION OF WATER WELL: County: <u>Rooks</u>	Fraction <u>NE 1/4 NW 1/4 SE 1/4</u>	Section Number <u>1</u>	Township Number <u>T 10 S</u>	Range Number <u>R 18 W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 South 1/2 East of Plainville</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Rick Dreher</u> RR#, St. Address, Box # : <u>410 S. Madison</u> City, State, ZIP Code : <u>Plainville, KS 67663</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td style="width: 25%;">NW</td><td style="width: 25%;">NE</td></tr><tr><td style="width: 25%;">SW</td><td style="width: 25%;">SE</td></tr></table> S	NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL <u>58</u> ft. Depth(s) Groundwater Encountered (1) <u>30</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on <u>mo/day/yr. 11-8-05</u> Pump test data: Well water was <u>20</u> ft. after <u>2</u> hours pumping <u>10</u> gpm Est. Yield <u>10</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: <u>15</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well <u>1</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below) <u>2</u> Irrigation <u>4</u> Industrial <u>7</u> Domestic (lawn & garden) <u>10</u> 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 _____
NW	NE				
SW	SE				

5 TYPE OF CASING USED: <u>2</u> Steel <u>3</u> RMP (SR) <u>6</u> Asbestos-Cement <u>9</u> Other (specify below) <u>2</u> PVC <u>4</u> ABS <u>7</u> Fiberglass	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass	CASING JOINTS: <u>X</u> Glued _____ Clamped _____ Welded _____ Threaded
Blank casing diameter <u>5</u> in. to <u>38</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>16</u> in., weight <u>2.91</u> lbs./ft. Wall thickness or gauge No. <u>21</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL: <u>7</u> <u>1</u> Steel <u>3</u> Stainless Steel <u>5</u> Fiberglass <u>7</u> PVC <u>9</u> ABS <u>11</u> Other (Specify) _____ <u>2</u> Brass <u>4</u> Galvanized Steel <u>6</u> Concrete tile <u>8</u> RM (SR) <u>10</u> Asbestos-Cement <u>12</u> None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: <u>8</u> <u>1</u> Continuous slot <u>3</u> Mill slot <u>5</u> Guazed wrapped <u>7</u> Torch cut <u>9</u> Drilled holes <u>11</u> None (open hole) <u>2</u> Louvered shutter <u>4</u> Key punched <u>6</u> Wire wrapped <u>8</u> Saw Cut <u>10</u> Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From <u>38</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL: <u>3</u> Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other	Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <u>None</u> <u>1</u> Septic tank <u>4</u> Lateral lines <u>7</u> Pit privy <u>10</u> Livestock pens <u>13</u> Insecticide Storage <u>16</u> Other (specify below) <u>2</u> Sewer lines <u>5</u> Cess pool <u>8</u> Sewage lagoon <u>11</u> Fuel storage <u>14</u> Abandoned water well <u>3</u> Watertight sewer lines <u>6</u> Seepage pit <u>9</u> Feedyard <u>12</u> Fertilizer Storage <u>15</u> Oil wll/gas well
Direction from well? _____ How many feet? _____	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	30	Clay			
30	42	Sand			
42	48	Sandy Clay			
48	58	Shale			

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) 11-08-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 199. This Water Well Recored was completed on (mo/day/year) 12/2/05. Under the business name of Karst Water Well Drilling & Service, Inc. (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.