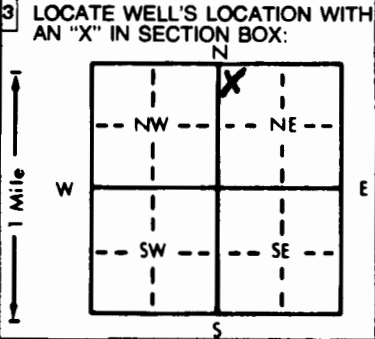


**WATER WELL RECORD Form WWC-5 KSA 82a-1212**

1 LOCATION OF WATER WELL: County: <b>ELLIS</b>	Fraction <b>NW 1/4 NW 1/4 NE 1/4</b>	Section Number <b>24</b>	Township Number <b>T 12 S</b>	Range Number <b>R 20 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**4 miles North and 3 1/2 East of ELLIS KS**

2 WATER WELL OWNER: **DAVID DREILING**  
 RR#, St. Address, Box # : **1884 ELLIS AVE** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **ELLIS KS 67637** Application Number:



4 DEPTH OF COMPLETED WELL: **65** ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1. **35** ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL **35** ft. below land surface measured on mo/day/yr **12-17-98**

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield **4** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter **10** in. to **65** ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS:

<input type="checkbox"/> Public water supply	<input type="checkbox"/> Air conditioning	<input type="checkbox"/> Injection well
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Oil field water supply
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Industrial	<input type="checkbox"/> Lawn and garden only
<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes..... No **XX**; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No **XX**

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded
		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Threaded

Blank casing diameter **5** in. to **45** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface **18** in., weight **160** lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify) .....
			<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify) .....	

SCREEN-PERFORATED INTERVALS: From **45** ft. to **65** ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From **35** ft. to **65** ft., From ..... ft. to ..... ft.

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

Grout Intervals: From **0** ft. to **35** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	SURFACE CLAY			
5	15	HARD <del>XXXX</del> WHITE LIMESTONE			
15	22	<del>M</del> FINE SAND			
22	35	HARD WHITE LIMESTONE			
35	45	SOFT GRAY CLAY			
45	55	SOFT WHITE CLAY			
55	60	HARD WHITE LIMESTONE			
60	62	YELLOW LIMESTONE			
62	65	GRAY SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ~~XX~~ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **12-17-98** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **444** This Water Well Record was completed on (mo/day/yr) **12-17-98** under the business name of **ANDY ANDERSON DRILLING** by (signature) *Andy Anderson*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
T  
R  
EW  
SEC.  
1/4  
1/4  
1/4