

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

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|----------------------------------|-----------------------------|----------------|-----------------|-----------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: OTTAWA | SW 1/4 SW 1/4 NE 1/4 | 10 | T 12 S | R 27 E/W |

Distance and direction from nearest town or city street address of well if located within city?
1541 ELK RD. OTTAWA COUNTY PERMIT # 99-227

2 WATER WELL OWNER: **BRET STITT**
 RR#, St. Address, Box # : **1609 ELK RD.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **BENNINGTON, KS. 67422** Application Number:

| | |
|---|---|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL: <u>31.2</u> ft. ELEVATION: _____ |
|---|---|

Depth(s) Groundwater Encountered 1. 22 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 22 ft. below land surface measured on mo/day/yr 12-13-99

Pump test data: Well water was 23.8 ft. after 2 hours pumping 20 gpm

Est. Yield 25 to 30 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 9 in. to 32 in. to _____ in. to _____ in.

WELL WATER TO BE USED AS:

| | | | | |
|--------------|--------------|--------------------------|--------------------|--------------------------|
| 1 Domestic | 3 Feedlot | 6 Oil field water supply | 8 Air conditioning | 11 Injection well |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only | 9 Dewatering | 12 Other (Specify below) |

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

Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:

| | | | | |
|---------|------------|-------------------|-------------------------|---|
| 1 Steel | 3 RMP (SR) | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued <u>X</u> Clamped _____ |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ |
| | | 7 Fiberglass | | Threaded _____ |

Blank casing diameter 5 in. to 24 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface 20 in., weight 160 lbs./ft. Wall thickness or gauge No. SDR 26

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|---------|--------------------|-----------------|------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 8 RMP (SR) | 10 Asbestos-cement |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 9 ABS | 11 Other (specify) _____ |
| | | | | 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

| | | | | |
|--------------------|-------------------------|-----------------------|--------------------------|---------------------|
| 1 Continuous slot | 3 Mill slot <u>.025</u> | 5 Gauzed wrapped | 8 Saw cut | 11 None (open hole) |
| 2 Louvered shutter | 4 Key punched <u>24</u> | 6 Wire wrapped | 9 Drilled holes | |
| | | 7 Torch cut <u>31</u> | 10 Other (specify) _____ | |

SCREEN-PERFORATED INTERVALS: From 24 ft. to 31 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 21 ft. to 31.2 ft., From _____ ft. to _____ ft.

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

Grout intervals: From 0 ft. to 21 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 | 14 Abandoned water well |
| 2 Sewer lines | 5 Cess pool | 8 Sewage lagoon | 11 Fuel storage | 15 Oil well/Gas well |
| 3 Watertight sewer lines | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage | 16 Other (specify below) |
| | | | 13 Insecticide storage | |

Direction from well? SOUTHEAST How many feet? 100

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|--------------------|------|----|--------------------|
| 0 | 2 | TOP SOIL | | | |
| 2 | 22 | CLAY BROWN SILTY | | | |
| 21 | 29 | CREEK GRAVEL BROWN | | | |
| 29 | 32 | CLAY GRAY SOFT | | | |
| | | | | | |
| | | | | | |
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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) 12-13-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388. This Water Well Record was completed on (mo/day/yr) 12-15-99 under the business name of PESTINGER PUMP SERVICE by (signature) Paul P. Pester

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 E/W SEC. 1/4 1/4 1/4