| WATER WELL RECORD | | Form WWC-5 | | Division of Water Resources; App. No. | | | |
|---|---|--|-------------|---------------------------------------|------------------------|----------------------|--|
| 1 LOCATION OF WATER WELL: County: Ellis | | Fraction SW1/4 SW1/4 S | SW 1/4 | Section Number 5 | Township Number T 13 S | Range Number R 17XXW | |
| | on from nearest town or cit | | | | g Systems (decimal de | | |
| located within city? 1/2 west 1 north 1/2 east of Latitude: | | | | | | | |
| Catherine, KS Longitude: | | | | | | | |
| 2 WATER WELL OWNER: Bill Brungardt | | |] | Elevation: | | | |
| RR#, St. Address, B | | ulon Ave | | Datum: | | | |
| City, State, ZIP Cod | - | S 67601 | | Data Collection | Method: | | |
| 3 LOCATE WELL'S | 4 DEPTH OF COMPL | ETED WELL | | ft. | | | |
| LOCATION WITH AN "X" IN | Denth(s) Groundwater Encountered (1) 12 ft (2) ft (3) | | | | | | |
| SECTION BOX: | WELL'S STATIC WA | Depth(s) Groundwater Encountered (1) | | | | | |
| N N | Pump test data | Pump test data: Well water wasft. after | | | | | |
| | Est. Yield. 20gpm | Est. Yield. 20gpm: Well water wasft. after hours pumping gpm | | | | | |
| NW NE | WELL WATER TO BE USED AS:75 Public water supply 8 Air conditioning 11 Injection well 12 Other (Specific below) | | | | | | |
| W I | E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | |
| | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | | | | |
| Sample was submitted | | | | | | | |
| S | | | | | | | |
| 5 TYPE OF CASING USED: 2 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 5 in. to 40 ft., Diameter in. to ft., Diameter in. to in. to ft. | | | | | | | |
| Casing height above land surface | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 7 | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: 8 1 Continuous slot 3 Mill slot 5. Guazed 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 40 ft. to 12 ft., From ft. to ft. | | | | | | | |
| From | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | |
| 1. 0 | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| What is the nearest source of possible contamination: none 1 Septic tank | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well | | | | | | | |
| | | | | | | | |
| FROM TO | LITHOLOGIC | LOG | FROM | TO | PLUGGING INT | ERVALS | |
| 0 10 | Top soil | | | | | | |
| $\begin{array}{c cccc} 10 & 12 \\ 12 & 20 \end{array}$ | <u>claylose rock</u> washed lime st | one | | | | | |
| 20 24 | Fine Sand | | | | | | |
| 24 40 | 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)2/13/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.0199 This Water Well Record was completed on (mo/day/year)2/15/08 Under the business name of Warst Water Well DRilling & Spyr(signature) Inc | | | | | | | |
| Kansas Water Well Contractor's License No. 1.19. This Water Well Record was completed on (mo/day/year) This Water Well Record was completed on (mo/day/year) | | | | | | | |
| | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline of einste the correct as were. Send to the copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-13674 Totephone 785- | | | | | | | |
| 296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. | | | | | | | |