

Corrected

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

M.W. #8

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Ellis		NE 1/4 SE 1/4 NE 1/4 BA	28	T 13 S	R 18 E
Distance and direction from nearest town or city street address of well if located within city?					
3701 VINE HAYS, KS SE, SE, NE, NE					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RAN, St. Address, Box #		Application Number:			
City, State, ZIP Code		2705 VINE HAYS, KS 67601			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 25 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter . . . 7.14 . . . in. to . . . 2.5 . . . ft. and in. to ft. 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 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes. No. If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued. Clamped.			
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		Welded			
6 PVC 4 ABS 7 Fiberglass 9 Other (specify below)		Threaded. X			
Blank casing diameter . . . 2 . . . in. to . . . 10 . . . ft. Dia in. to ft. Dia in. to ft.					
Casing height above land surface . . . 0 . . . in. weight . . . Sched. 40 . . . lbs/ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)		12 None used (open hole)			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS					
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut 11 None (open hole)			
1 Continuous slot 2 Mill slot 0.10 5 Gauzed wrapped 9 Drilled holes		10 Other (specify) ft.			
2 Louvered shutter 4 Key punched 7 Torch cut					
SCREEN-PERFORATED INTERVALS: From . . . 25 . . . ft. to . . . 10 . . . ft. From ft. to ft.					
GRAVEL PACK INTERVALS: From . . . 25 . . . ft. to . . . 8 . . . ft. From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From . . . 5 . . . ft. to . . . 4 . . . ft. From . . . 8 . . . ft. to . . . 5 . . . ft. From ft. to ft.					
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 9 Fuel storage 15 Oil well/Gas well		12 Fertilizer storage 16 Other (specify below)			
2 Sewer lines 5 Cess pool 8 Sewage lagoon		13 Insecticide storage			
3 Watertight sewer lines 6 Slopape pit 9 Feedyard		How many feet? 70'			
Direction from well? WEST					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8"	Asphlt			
8"	10	Red Silty Clay			
10	14	Tan Clay			
14	19	Clayey Sand tan Mast			
19	25	Wet Sand MEDIUM TO COARSE			
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) . . . 10-3-01 . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . 575 . . . This Water Well Record was completed on (mo/day/yr) . . . 10-20-01 . . . under the business name of FUNKER DILLON SERVICE INC by (signature) M. L. Kugler					

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRINT CLEARLY 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 785-295-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.