

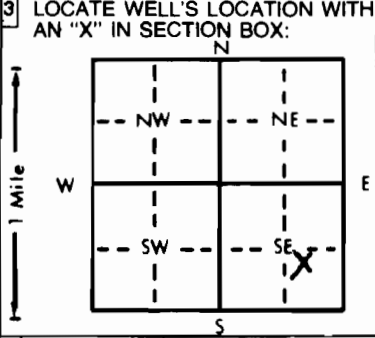
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WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: Fracture Section Number **36** Township Number **T 14 S** Range Number **R 12 EW**
 County: **Russell**

Distance and direction from nearest town or city street address of well if located within city?
3 1/2 mile South of Lawrence 3/4 mile west & 1/2 South

2 WATER WELL OWNER: **Darrell Steimle**
 RR#, St. Address, Box #: **La crescent M.N.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **55947** Application Number:



4 DEPTH OF COMPLETED WELL: **44** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. **28** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL **21** ft. below land surface measured on mo/day/yr **10-12-99**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **10** gpm: Well water was _____ ft. after **1** hours pumping _____ gpm
 Bore Hole Diameter **8** in. to **4 1/2** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 Domestic Feedlot Oil field water supply Dewatering Injection well
 Irrigation Industrial Lawn and garden only 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 CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS Glued _____ Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded
 _____ _____ 7 Fiberglass _____ Threaded
 Blank casing diameter **5 1/2** in. to **12 1/2** in. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface _____ in. weight _____ 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 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **27** ft. to **44** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **26** ft. to **44** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **0** ft. to **20** 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? **North east** How many feet? **50**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	27	light brown clay			
27	28	light sand & clay			
28	41	light sand & clay			
41	44	Dark 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) **10-14-99** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **11-199**. This Water Well Record was completed on (mo/day/yr) **11-1999** under the business name of **Bushell water well & or Drilling** by (signature) **Don Bushell**

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.

install win instead of pipe pump

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