

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Ellsworth</u>	Fraction <u>NE 1/4 SE 1/4 NW 1/4</u>	Section Number <u>2</u>	Township Number <u>T 14 S</u>	Range Number <u>R 8 E</u>
Distance and direction from nearest town or city street address of well if located within city?		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)		
		Latitude: <u>38.86631</u>		
		Longitude: <u>90.18043</u>		
		Elevation: <u>1232</u>		
		Datum: _____		
		Data Collection Method: <u>WGS84</u>		

**2 WATER WELL OWNER:** ERIC BOHL  
 RR#, St. Address, Box # : 1756 AVE A.  
 City, State, ZIP Code : ELLSWORTH, KS 67439

**3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

N			
W	-- NW --	X	-- NE --
	-- SW --		-- SE --
S			

**4 DEPTH OF COMPLETED WELL** ..... 295 ..... ft.

Depth(s) Groundwater Encountered (1) 82 ..... ft. (2) 224 ..... ft. (3) — ..... ft.

WELL'S STATIC WATER LEVEL 189 ..... ft. below land surface measured on mo/day/yr.....

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

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

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 X .....; If yes, mo/day/yr

Sample was submitted..... Water well disinfected? Yes X ..... No .....

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<u>2 PVC</u>	4 ABS	7 Fiberglass	

Blank casing diameter .... 6 ..... in. to 220 ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface..... 24 ..... in., Weight ..... lbs./ft. Wall thickness or gauge No. SDR26

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	<u>PVC</u>	9 ABS	11 Other (Specify) .....
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

1 Continuous slot	<u>5 Mill slot</u>	5 Gauzed 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 220 ..... ft. to 290 ..... ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From 100 ..... ft. to 295 ..... ft., From 35 ..... ft. to 160 ..... 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 25 ..... ft., From 160 ..... ft. to 180 ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

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

Direction from well? ..... East ..... How many feet? ..... ~150 .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Soil			
4	42	Clay, mottled RED & WHITE			
42	57	SHALE, GRAY			
57	182	SHALE, RED			
182	183	LIMESTONE			
183	222	SHALE, RED			
222	224	LIMESTONE			
224	290	SANDSTONE			
290	295	LIMESTONE			

**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) 5/26/2010 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. .... 760 ..... This Water Well Record was completed on (mo/day/year) 8-6-2010 under the business name of Associated Drilling Inc by (signature) [Signature]

**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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.