

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

854

1 LOCATION OF WATER WELL:
 County: Ellis Fraction SW 1/4 NW 1/4 NW 1/4 Section Number 36 Township Number T 15 S Range Number R 16 W

Distance and direction from nearest town or city street address of well if located within city? In town Pfeifer SW corner

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Damon Breit
 RR#, St. Address, Box # : P.O. Box 656
 City, State, ZIP Code : Hays, KS 67601

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

	X		

4 DEPTH OF COMPLETED WELL 180 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL..... 55 ft. below land surface measured on mo/day/yr. 11/16/05
 Pump test data: Well water was..... 75ft. after..... 2 hours pumping..... 25 gpm
 Est. Yield..... 25gpm: 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 ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF CASING USED: 2 5 Wrought Iron 8 Concrete tile CASING JOINTS: X Glued..... 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 160 ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface..... 16 in., weight..... 2.91 lbs./ft. Wall thickness or gauge No. .21

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 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: 8
1 Continuous slot 3 Mill slot 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..... 160 ft. to 180 ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From..... 40 ft. to 180 ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

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

Grout Intervals: From 0 ft. to 40 ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination: 10
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 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? 50' West How many feet? 50 feet

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	6	Clay			
6	18	Sand			
18	80	Shale			
80	130	Clays			
130	135	Sand Rock			
135	160	Clay			
160	178	Sand Rock			
178	180	Clay			

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) 11/26/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 199 This Water Well Recored was completed on (mo/day/year) 12/6/05 Under the business name of Karst Water Well Drilling & Service, LLC (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.