

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

1 LOCATION OF WATER WELL: County: <u>Ellsworth</u>	Fraction SW <u>1/4</u> NW <u>1/4</u> NW <u>1/4</u>	Section Number <u>17</u>	Township Number T <u>17</u> S	Range Number R <u>05</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?
4E, Lorraine, Ks.

2 WATER WELL OWNER: Marjorie Splitter
 RR#, St. Address, Box #: 120 14th Road
 City, State, ZIP Code: Geneseo, Ks. 67444
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>88</u> ft. ELEVATION: <u>Unknown</u>
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Depth(s) Groundwater Encountered 1. 70 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 70 ft. below land surface measured on mo/day/yr 2-13-97

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

Est. Yield 4 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: 8 in. to 88 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<u>1</u> Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
2 Irrigation	4 Industrial	7 Lawn and garden only	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:	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u> _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	_____
Blank casing diameter _____ in. to <u>28</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface _____ in., weight <u>2.8</u> lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
11 Other (specify) _____			
12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	<u>8 Saw cut</u>	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From _____ ft. to <u>28</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From _____ ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	20 2 Cement grout	3 Bentonite	4 Other _____
Grout Intervals: From _____ ft. to _____ 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
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
Direction from well? <u>North</u>				14 Abandoned water well
				15 Oil well/Gas well
				16 Other (specify below) _____
				<u>Tin Shed</u>
				How many feet? <u>55</u>

FROM		TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3		Top Soil			
3	25		Shale			
25	88		Sand Rock Streaks Rock Streaks			

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) 2-13-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 2-17-97 under the business name of Kelly's Water Well Service, Inc. by (signature) Rathum L Good

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.