

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

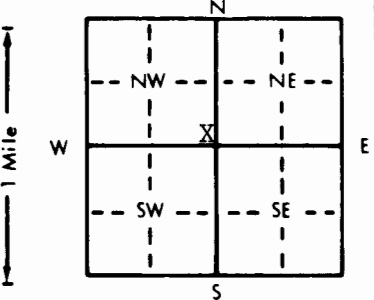
<b>1</b> LOCATION OF WATER WELL: County: <b>Barton</b>	Fraction <b>SE 1/4 SE 1/4 NW 1/4</b>	Section Number <b>13</b>	Township Number <b>T 18 S</b>	Range Number <b>R 11W E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?

**2 E, 2 S of Claflin, Kansas**

<b>2</b> WATER WELL OWNER: <b>Lois McCormick</b>	<b>White &amp; Ellis Drilling</b>	<b>Lois McCormick #1</b>
RR#, St. Address, Box # : <b>2485 Willow Lane</b>	<b>401 E Douglas, #500</b>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : <b>Lakewood, Co. 80215</b>	<b>Wichita, Kansas 67202</b>	Application Number: <b>960326</b>

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



**4** DEPTH OF COMPLETED WELL: **185** ft. ELEVATION: **Unknown**

Depth(s) Groundwater Encountered **1.50** ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL **50** ft. below land surface measured on **mo/day/yr 10/1/96**

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

Est. Yield **60** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter **7 7/8** in. to **185** 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** 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:

<b>1</b> Steel	<b>3</b> RMP (SR)	<b>5</b> Wrought iron	<b>8</b> Concrete tile	CASING JOINTS: <u>Glued</u> <u>Clamped</u>
<b>2</b> PVC	<b>4</b> ABS	<b>6</b> Asbestos-Cement	<b>9</b> Other (specify below)	<u>Welded</u>
<b>7</b> Fiberglass				<u>Threaded</u>

Blank casing diameter **5** in. to **125** ft. Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia. \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **12** in. weight **2.8** lbs./ft. Wall thickness or gauge No. Sch 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

<b>1</b> Steel	<b>3</b> Stainless steel	<b>5</b> Fiberglass	<b>8</b> RMP (SR)	<b>11</b> Other (specify)
<b>2</b> Brass	<b>4</b> Galvanized steel	<b>6</b> Concrete tile	<b>9</b> ABS	<b>12</b> None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<b>1</b> Continuous slot	<b>3</b> Mill slot	<b>5</b> Gauzed wrapped	<b>8</b> Saw cut	<b>11</b> None (open hole)
<b>2</b> Louvered shutter	<b>4</b> Key punched	<b>6</b> Wire wrapped	<b>9</b> Drilled holes	
		<b>7</b> Torch cut	<b>10</b> Other (specify)	

SCREEN-PERFORATED INTERVALS: From **125** ft. to **185** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **185** 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.

What is the nearest source of possible contamination:

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

Direction from well? **West** How many feet? **125**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Top soil			
3	90	Clay			
90	185	Sand rock			

**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) **10/1/96** 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) **10/2/96** under the business name of **Kelly's Water Well Service, Inc.** by (signature) Alain 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.