281 11905 Stock

# WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

**1 LOCATION OF WATER WELL:** County: Barton | Fraction: 1/4 NE 1/4 NW 1/4 NW 1/4 | Section Number: 4 | Township No.: T 18 S | Range Number: R 14 ☐E ☒W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐

Approximately 3 miles east of Olmitz.

**Global Positioning System (GPS) information:**

Latitude: 38.520369 (in decimal degrees)

Longitude: -98.882374 (in decimal degrees)

Elevation: unknown

Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27

Collection Method: ☒ GPS unit (Make/Model: WAAS) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

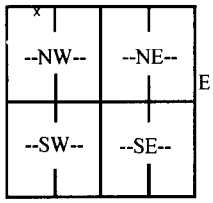
Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m

**2 WATER WELL OWNER:** Dan Frieb

RR#, Street Address, Box #: 965 NW 100 Ave.

City, State, ZIP Code : Olmitz, KS 67564

3 LOCATE WELL WITH AN "X" IN SECTION BOX:




**4 DEPTH OF COMPLETED WELL** 178 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 84.80 ft. below land surface measured on mo/day/yr 09/12/12

Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm

EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 8 3/4 in. to 180 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☒ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Stock 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:** ☐ Steel ☒ PVC ☐ Other _____

CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter 5 in. to 136 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 24 in., Weight 2.36 lbs./ft., Wall thickness or gauge No. .214

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____

☐ Brass ☐ Galvanized Steel ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)

☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 136 ft. to 176 ft., From _____ ft. to _____ ft.

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

GRAVEL PACK INTERVALS: From 25 ft. to 180 ft., From _____ ft. to _____ ft.

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

**6 GROUT MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Intervals: From 0 ft. to 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☒ Other (specify below)

☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well None Known

☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well

Direction from well _____ Distance from well _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---|---|---|---|---|---|
| 0 | 6 | Topsoil | 111 | 126 | Clay, white, soft, with sandstone |
| 6 | 10 | Clay, brown, soft | 126 | 131 | Clay, yellow, red, gray, hard |
| 10 | 12 | Limestone, yellow, soft | 131 | 161 | Clay, white, soft, with sandstone |
| 12 | 24 | Shale, black, soft | 161 | 176 | Sandstone, tan, soft |
| 24 | 29 | Limestone, gray, hard | 176 | 180 | Shale, dark gray, hard |
| 29 | 64 | Shale, black, soft | | | |
| 64 | 107 | Sandstone, soft, gray, with white clay | | | |
| | | streaks | | | |
| 107 | 111 | Clay, dark brown, hard, with sandstone | | | |
| | | streaks | | | |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 09/12/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 09/13/12 under the business name of Clarke Well & Equipment, Inc. by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212 Check: ☒ White Copy ☐ Blue Copy