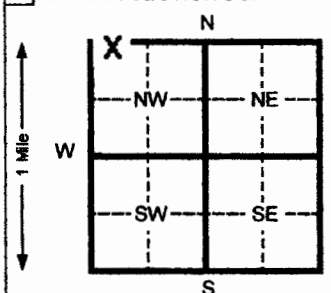
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: **Wichita** | Fraction: **NW ¼ NW ¼ NW ¼** | Section Number: **22** | Township Number: T **18** S | Range Number: R **37** E/W

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

2 WATER WELL OWNER: **J. Charles Jaeger**
RR#, St. Address, Box # : **Box 347, 606 Country Heights**
City, State, ZIP Code : **Lakin, Ks 67860**
Board of Agriculture, Division of Water Resources Application Number: **2655**

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



4 DEPTH OF COMPLETED WELL **200** ft. ELEVATION: _____
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter **18** in. to **200** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
[2] Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
[2] PVC 4 ABS 7 Fiberglass _____ Threaded _____
Blank casing diameter **10** in. to **160** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **24** in., weight **7.80** lbs./ft. Wall thickness or gauge No. **.365**

TYPE OF SCREEN OR PERFORATION MATERIAL: [7] PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped [8] Saw cut 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 **160** ft. to **200** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **20** ft. to **200** ft. From _____ ft. to _____ 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 **20** 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 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage **none**
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface	160	180	Fine to med sd w/clay lenses (slightly
2	14		Loess			Loose)
14	24		Clay	180	194	Med sd w/some small gravel (loose)
24	40		Clay caliche w/sand strks	194	200	Yellow ochre
40	60		Clay & caliche w/sand strks &			
			Sandstone lenses			
60	64		Caliche & clay w/some sd strks			
64	86		Fine sand sandstone strks w/			
			Clay strks			
86	110		Fine to med sd w/clay lenses			
110	123		Fine to med sd w/clay strks &			
			Caliche lenses			
123	151		Fine to med sd w/clay lenses			
151	160		Fine to some med sd w/clay strk			

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/yr) **10 30 07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **11-05-07** under the business name of **Woofter Pump & Well Inc.** by (signature) Jay C Woofter By Susan Woofter

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R SEC