

8057
WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Barton		Fraction SE 1/4 NE 1/4 NE 1/4	Section Number 1	Township Number T 19 S	Range Number R 11 E (W)				
Distance and direction from nearest town or city street address of well if located within city? Approximately 5 miles east and 4 3/4 miles north of Ellinwood			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.431645 Longitude: -98.481874 Elevation: unknown Datum: NAD 27 Data Collection Method: WAAS GPS Unit						
2 WATER WELL OWNER: Mike Ringwald RR#, St. Address, Box # : 655 3rd Rd. City, State, ZIP Code : Ellinwood, KS 67526									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: 10px auto; width: 100px; text-align: center;"><tr><td>--NW--</td><td>--NE--^X</td></tr><tr><td>--SW--</td><td>--SE--</td></tr></table> S	--NW--	--NE-- ^X	--SW--	--SE--	4 DEPTH OF COMPLETED WELL 122 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 29 ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm Est. Yield unknown gpm: 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 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 _____				
	--NW--	--NE-- ^X							
--SW--	--SE--								
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ☒ Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ (2) PVC 4 ABS 7 Fiberglass _____ Blank casing diameter 5 in. to 100 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: 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: 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 100 ft. to 120 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 31 ft., From _____ ft. to _____ ft. From 35 ft. to 120 ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite (4) Other _____ Bentonite Holeplug Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 20 ft., From 31 ft. to 35 ft. What is the nearest source of possible contamination: 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 None known Direction from well? _____ How many feet? _____									
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS				
0	3	Topsoil							
3	7	Clay, sandy with caliche							
7	60	Clay, gray and tan							
60	96	Clay, tan, sandy							
96	100	Clay, red with sandstone streaks							
100	118	Sandstone with clay streaks, yellow and gray							
118	120	Clay, gray, firm							
120	121	Limestone, very hard							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 12-17-05 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) 12-16-06 Under the business name of Clarke Well & Equipment, Inc. by (signature) _____ INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.									