

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:

County: Barton

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

106 McKinley, Great Bend

Fraction

¼ NW ¼ NW ¼ SW ¼

Section Number

32

Township No.

T 19 S

Range Number

R 13 ☐E ☒W

2 WATER WELL OWNER:

Rav Schenkel

RR#, Street Address, Box #: P.O. Box 1271

City, State, ZIP Code : Great Bend, KS 67530

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

N

W

E

S

1 mile

4 DEPTH OF COMPLETED WELL 75

ft.

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

WELL'S STATIC WATER LEVEL 14..... ft. below land surface measured on mo/day/yr. 9-13-12.....

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

EST. YIELD N/A..... gpm. Well water was..... ft. after..... hours pumping..... gpm

Bore Hole Diameter 10..... in. to 75..... 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

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 75..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface 18..... in., Weight SDR-26..... lbs./ft., Wall thickness or gauge No.

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 75..... ft. to 55..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 75..... ft. to 20..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL:

☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other

Grout Intervals: From..... ft. to..... ft., From 20..... ft. to 0..... 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

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

Direction from well North..... Distance from well 15ft.....

FROM

TO

LITHOLOGIC LOG

FROM

TO

LITHO. LOG (cont.) or PLUGGING INTERVALS

0

4

Top soil

4

6

Tan clay

6

24

Sand & gravel- med

24

42

Tan & gray clay

42

55

Sand & gravel- med

55

62

Tan clay

62

80

Sand & gravel- med

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) 9-13-12..... and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 134..... This Water Well Record was completed on (mo/day/year) 9-27-12.....

under the business name of Rosencrantz- Bemis..... by (signature) *Rosencrantz- Bemis*

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 785-296-5524. 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>.

CSA 82a-1212

Check: ☒ White Copy, ☐ Blue Copy, ☐ Pink Copy