

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

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Rush</u>	C $\frac{1}{4}$ SW $\frac{1}{4}$ $\frac{1}{4}$	21	T 19 S	R 17W E/W

Distance and direction from nearest town or city street address of well if located within city?
5½ S, 1 W of Timken, Kansas

2 WATER WELL OWNER: Emily Schrater
 RR#, St. Address, Box # : Route 2, Box 73 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Timken, Kansas 67582 Application Number:

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

N

NW	NE
SW	SE

S

4 DEPTH OF COMPLETED WELL... 354 ft. ELEVATION: Unknown

Depth(s) Groundwater Encountered 1. 1.70 ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL 1.70 ft. below land surface measured on mo/day/yr 9/13/95

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

Est. Yield .25 gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter 7.7/8 in. to .354 ft., and in. to ft.

WELL WATER TO BE USED AS:

<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 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:

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

Blank casing diameter 5 in. to 304 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:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (specify)
				<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

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

SCREEN-PERFORATED INTERVALS: From 304 ft. to 354 ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 66 ft. to 354 ft., From 20 ft. to 61 ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Intervals: From 0 ft. to 20 ft., From 61 ft. to 66 ft., From ft. to ft.

What is the nearest source of possible contamination:

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

Direction from well? East How many feet? 525

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	<u>Top soil</u>			
20	45	<u>Lime stone</u>			
45	300	<u>Shale</u>			
300	354	<u>Sand rock</u>			

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) 9/13/95 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) 9/15/95 under the business name of Kelly's Water Well Service, Inc. by (signature) Alvin 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.