

WATER WELL RECORD

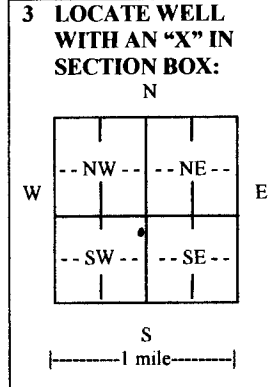
Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Rice	Fraction NE ¼ SE ¼ NE ¼ SW ¼	Section Number 21	Township No. T 19 S	Range Number R 7 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
--	---------------------------------	----------------------	------------------------	--

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> From Lyons 7 mi. E. On Hwy 56th 1 mi. N WSR	Global Positioning System (GPS) information: Latitude: <u>38.38196</u> (in decimal degrees) Longitude: <u>098.10004</u> (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: <u>Garmin</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
--	---

2 WATER WELL OWNER: Kathy Sifrit RR#, Street Address, Box #: 135 South Mitchell Road City, State, ZIP Code : Lyons, Kansas 67554	
---	--



4 DEPTH OF COMPLETED WELL 90 ft.

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

WELL'S STATIC WATER LEVEL 33 ft. below land surface measured on mo/day/yr. 2-12-2013

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 10 in. to 90 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 30 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface 14 in., Weight 160 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 30 ft. to 90 ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 90 ft. to 20 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 20 ft. to 0 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

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

Direction from well Southwest Distance from well 120'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil			
3	36	Brown clay w/pieces of cliche			
36	70	Tan clay w/ pieces of sand stone and cliche			
70	90	Gray clay w/pieces of sand stone			

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) 2-12-2013 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) 2-20-2013

under the business name of Rosencrantz-Bemis Enterprises by (signature) Daniel D. Dodson

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. I include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.