

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.

46,878

<b>1 LOCATION OF WATER WELL:</b> County: Rice	Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 17	Township Number T 20 S	Range Number R 10 E <b>(W)</b>
Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles north and 2 1/8 miles west of Raymond		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: 38.317346 Longitude: -98.455258 Elevation: Unknown Datum: NAD83 Data Collection Method: WAAS GPS Unit		
<b>2 WATER WELL OWNER:</b> Mike Ringwald RR#, St. Address, Box # : 655 3rd Road City, State, ZIP Code : Ellinwood, KS 67526				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W E S	<table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td style="width:25%;">X</td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> <tr><td>--NW--</td><td>--NE--</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>--SW--</td><td>--SE--</td><td></td><td></td></tr> </table>	X				--NW--	--NE--							--SW--	--SE--		
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<b>4 DEPTH OF COMPLETED WELL</b> 91 ft.																	
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.																	
WELL'S STATIC WATER LEVEL 11 ft. below land surface measured on mo/day/yr 06-06-08																	
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)																	
<b>(2)</b> Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well																	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____																	
Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____																	

<b>5 TYPE OF CASING USED:</b>	5 Wrought Iron 8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)		Welded _____	
<b>(2)</b> PVC 4 ABS 7 Fiberglass		Threaded _____	
Blank casing diameter 12 in. to 60 ft., Diameter	in. to _____ ft., Diameter	in. to _____ ft.	
Casing height above land surface 12 in., weight 12.71 lbs./ft.	Wall thickness or gauge No. 490		
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
1 Steel 3 Stainless Steel 5 Fiberglass <b>(7)</b> 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)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>			
1 Continuous slot <b>(3)</b> 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)			
<b>SCREEN-PERFORATED INTERVALS:</b> From 60 ft. to 90 ft., From _____ ft. to _____ ft.			
<b>GRAVEL PACK INTERVALS:</b> From 20 ft. to 93 ft., From _____ ft. to _____ ft.			

<b>6 GROUT MATERIAL:</b> 1 Neat Cement 2 Cement grout <b>(3)</b> Bentonite 4 Other _____			
Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 20 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 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 <b>(15)</b> Oil well/gas well			
Direction from well? Southeast		How many feet? Approximately 150'	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	11	Clay, brown			
11	17	Sand, coarse to fine, loose			
17	31	Clay, brown and white, sandy, soft			
31	34	Sand and gravel, medium to fine, drift			
34	51	Clay, yellow and tan, hard			
51	56	Sandstone, dark brown, hard			
56	59	Sandstone, brown, hard			
59	62	Sandstone, dark brown, hard			
62	88	Sandstone, brown and tan, mix, hard			

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <b>constructed</b> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-06-08 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) 06-18-08
Under the business name of Clarke Well & Equipment, Inc.	by (signature) <i>[Signature]</i>

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, 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.