

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

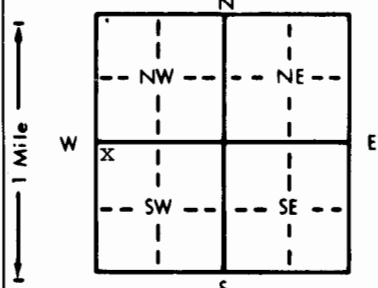
1) LOCATION OF WATER WELL: County: <u>Rice</u>	Fraction <u>NW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>21</u>	Township Number <u>T 20 S</u>	Range Number <u>R 8 8/W</u>
---	---	-----------------------------	----------------------------------	---------------------------------------

Distance and direction from nearest town or city street address of well if located within city?
Approx. 5 1/2 miles north and 1 mi. west of Sterling, KS

2) WATER WELL OWNER: Michael S. Langel
 RR#, St. Address, Box # : Route 1 - Box 26
 City, State, ZIP Code : Alden, KS 67512

Board of Agriculture, Division of Water Resources
 Application Number not required

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



4) DEPTH OF COMPLETED WELL: 58 ft. ELEVATION: unknown

Depth(s) Groundwater Encountered 1. 14 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 14 ft. below land surface measured on mo/day/yr 5/24/88

Pump test data: Well water was not ck'd ft. after _____ hours pumping _____ gpm

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

Bore Hole Diameter: 9 in. to 58 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<u>1</u> Domestic	<u>3</u> Feedlot	<u>6</u> Oil field water supply	<u>8</u> Air conditioning	<u>11</u> Injection well
<u>2</u> Irrigation	<u>4</u> Industrial	<u>7</u> Lawn and garden only	<u>9</u> Dewatering	<u>12</u> Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No _____

5) TYPE OF BLANK CASING USED:

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

Blank casing diameter 5 in. to 48 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 24 in., weight 2,277 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:

<u>1</u> Steel	<u>3</u> Stainless steel	<u>5</u> Fiberglass	<u>7</u> PVC	<u>10</u> Asbestos-cement
<u>2</u> Brass	<u>4</u> Galvanized steel	<u>6</u> Concrete tile	<u>8</u> RMP (SR)	<u>11</u> Other (specify) _____
			<u>9</u> ABS	<u>12</u> None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

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

SCREEN-PERFORATED INTERVALS: From 48 ft. to 56 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 35 ft. to 56 ft., From _____ ft. to _____ ft.
 Annular fill From 20 ft. to 35 ft., From _____ ft. to _____ ft.

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

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

What is the nearest source of possible contamination:

<u>1</u> Septic tank	<u>4</u> Lateral lines	<u>7</u> Pit privy	<u>10</u> Livestock pens	<u>14</u> Abandoned water well
<u>2</u> Sewer lines	<u>5</u> Cess pool	<u>8</u> Sewage lagoon	<u>11</u> Fuel storage	<u>15</u> Oil well/Gas well
<u>3</u> Watertight sewer lines	<u>6</u> Seepage pit	<u>9</u> Feedyard	<u>12</u> Fertilizer storage	<u>16</u> Other (specify below)
			<u>13</u> Insecticide storage	<u>No Known Source/Field</u>

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	8	Topsoil & clay, brown			
8	12	Sand & gravel, med. to fine to coarse			
12	15	Clay, yellow-tan			
15	33	Sand & gravel, med. to fine			
33	37	Clay, yellow-tan			
37	56	Sand & gravel, med. to fine			

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) 5/24/88 (5/24) 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/yr) 5/26/88 under the business name of Clarke Well & Equipment, Inc. by (signature) _____

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.