

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Rice, Fraction: NE 1/4 NE 1/4 NE 1/4, Section Number: 21, Township Number: T 21 S, Range Number: R 8 E 11

Distance and direction from nearest town or city street address of well if located within city? 702 N 1st St in Sterling

2 WATER WELL OWNER: Tom Bronleewe, RR#, St. Address, Box #: 702 N 1st St, City, State, ZIP Code: Sterling, KS 67579

3 LOCATE WELL'S LOCATION WITH AN 'X' IN SECTION BOX: [Diagram showing a 2x2 grid with 'X' in the NE quadrant]
4 DEPTH OF COMPLETED WELL: 5.2 ft.
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL..... 13..... ft. below land surface measured on mo/day/yr. 7-31-06
Pump test data: Well water was..... 20..... ft. after..... 14..... hours pumping..... 100..... gpm
Est. Yield..... 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)
2 Irrigation 4 Industrial 10 Domestic (lawn & garden) 10 Monitoring well
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 CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued [X] Clamped.....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
OPVC 4 ABS 7 Fiberglass Threaded.....
Blank casing diameter 5..... in. to 42..... ft., Diameter. in. to ft., Diameter in. to ft.
Casing height above land surface..... 12..... in., Weight..... 2.35..... lbs./ft. Wall thickness or gauge No. 160
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass OPVC 9 ABS 11 Other (Specify)
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped OSaw Cut 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From..... 42..... ft. to 52..... ft., From ft. to ft.
GRAVEL PACK INTERVALS: From..... 15..... ft. to 32..... ft., From ft. to ft.
From..... 37..... ft. to 55..... ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout OBentonite 4 Other
Grout Intervals: From 2..... ft. to 15..... ft., From 32..... ft. to 37..... 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
OWatertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? W..... How many feet? 60.....

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include lithologic descriptions like 'Sand + Gravel + Silt', 'Tan', 'Grey', 'Br Clay', 'F Sand', 'Sand + Sm Gravel'.

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) 7-31-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 447. This Water Well Record was completed on (mo/day/year) 8-25-06 under the business name of Miller Drilling by (signature) J Miller

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. Visit us at http://www.kdhe.state.ks.us/geo/waterwells.