

**WATER WELL RECORD Form WWC-5 KSA 1212**

**1 LOCATION OF WATER WELL:** Fraction **NW 1/4 NE 1/4 SE 1/4** Section Number **7** Township Number **T 25 S** Range Number **R 20 EW**  
 County: **Edwards**

Distance and direction from nearest town or city street address of well if located within city?

**155' off the NE corner of Kansas Avenue & Elm Street**

**2 WATER WELL OWNER:** **Offerle Coop Grain & Supply**  
 RR#, St. Address, Box #: **P.O. Box 90**  
 City, State, ZIP Code: **Offerle, Ks. 67563**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

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

**4 DEPTH OF COMPLETED WELL: 34 ft. ELEVATION:**

Depth(s) Groundwater Encountered: 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: **NA** ft. below land surface measured on mo/day/yr

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: **7.5/8** in. to **34** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 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 7 Lawn and garden only 10 Monitoring well **vapor observation**  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X**; If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes \_\_\_\_\_ No **X**

**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter: **2** in. to **29** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: **0** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **sch. 40**

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

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

**SCREEN OR PERFORATION OPENINGS ARE:**

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

**SCREEN-PERFORATED INTERVALS:** From **29** ft. to **34** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From **27** ft. to **34** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement **2 Cement grout** **3 Bentonite** 4 Other \_\_\_\_\_  
 Grout Intervals: From **0** ft. to **25** ft., From **25** ft. to **27** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy **11 Fuel storage** 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)

Direction from well? **southeast** How many feet? **267**

| FROM | TO | LITHOLOGIC LOG                           | FROM | TO | PLUGGING INTERVALS |
|------|----|--|------|----|--------------------|
| 0    | 6" | road gravel                              |      |    |                    |
| 6"   | 5' | slt, brn, w/tr of calc                   |      |    |                    |
| 5    | 15 | clay, lt green (olv) sily                |      |    |                    |
| 15   | 20 | clay, lt brn-tan, sily                   |      |    |                    |
| 20   | 34 | clay, lt brn-tan, sily, tr of iron stain |      |    |                    |
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**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) **03-10-94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) \_\_\_\_\_ **04-27-94** under the business name of **GeoCore Services, Inc.** by (signature) *Dale Rolf*

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.