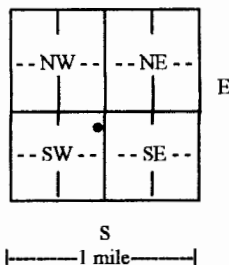


**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: Ford	Fraction SE ¼ SE ¼ NW ¼ SW ¼	Section Number 17	Township No. T 26 S	Range Number R 21 <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 checked="" type="checkbox"/> <b>WINDHORST</b>		<b>Global Positioning System (GPS) information:</b> Latitude: N. 38 Deg. 02.916 (in decimal degrees) Longitude: W. 100 Deg. 03.866 (in decimal degrees) Elevation: 2418 Ft. Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <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		
<b>2 WATER WELL OWNER:</b> Linda Marschell RR#, Street Address, Box #: 10859 131 Spur Rd. City, State, ZIP Code: Spearville, KS 67876				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N 	<b>4 DEPTH OF COMPLETED WELL</b> 300 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 86 ft. below land surface measured on mo/day/yr. 05/23/12..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm EST. YIELD 20 gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 10 in. to..... ft., and..... in. to..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter 5 in. to..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.  
 Casing height above land surface 12 in., Weight..... lbs./ft., Wall thickness or gauge No. ....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  PVC  Other (Specify) 12 Centralizers  
 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 240 ft. to 300 ft., From..... ft. to..... ft.  
 From..... ft. to..... ft., From..... ft. to..... ft.

**GRAVEL PACK INTERVALS:** From 25 ft. to 305 ft., From..... ft. to..... ft.  
 From..... ft. to..... ft., From..... ft. to..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other 12 Bags

Grout Intervals: From 0 ft. to 40 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 ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	20	Top Soil, Cliche	290	320	Gray, Red Clay, Sandstone Layers
20	40	Brown Rock, Yellow, Gray Clay			
40	80	Yellow, Gray Clay			
80	100	Yellow, Gray, Red Clay			
100	140	Gray Clay, Sandstone Layers			
140	200	Gray Clay, Sandstone Layers			
200	230	Gray Clay, Sandstone Layers			
230	260	Sandstone			
260	280	Sandstone			
280	290	Sandstone			

**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) 05/23/12..... and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 846..... This Water Well Record was completed on (mo/day/year) 06/13/12.....  
 under the business name of Nash Water Well Service, LLC..... by (signature) *Kathleen T. Lash*

**INSTRUCTIONS:** Use ty pewriter 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. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.