

## WATER WELL RECORD

Form WWC-5

KSA 82a-1212

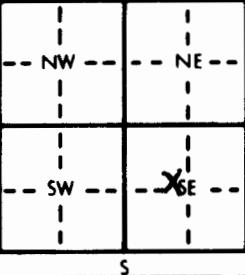
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Gray	SE 1/4 NW 1/4 SE lots 1/4	7	T 26 S	R 27 E/W

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

2 WATER WELL OWNER:	Grant Powers Jr	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	11361 130 Road	Application Number:

City, State, ZIP Code: Spearville, KS 69876

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL.....180..... ft. ELEVATION: .....
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 N W E S	Depth(s) Groundwater Encountered 1.....30..... ft. 2..... ft. 3..... ft.
	WELL'S STATIC WATER LEVEL 20..... ft. below land surface measured on mo/day/yr 4-14-97.....

Pump test data: Well water was 79..... ft. after 1/2..... hours pumping 950..... gpm

Est. Yield 1000..... gpm: Well water was 84..... ft. after 3/4..... hours pumping 1000..... gpm

Bore Hole Diameter 28..... in. to 180..... 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

Was a chemical/bacteriological sample submitted to Department? Yes..... No..... If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes..... No

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued x..... Clamped.....
1 Steel 2 PVC	3 RMP (SR) 4 ABS	6 Asbestos-Cement 7 Fiberglass	Welded..... Threaded.....

Blank casing diameter 16..... in. to 100..... ft., Dia..... in. to..... ft., Dia..... in. to..... ft.

Casing height above land surface..... 48..... in., weight..... lbs./ft. Wall thickness or gauge No. SDR .26.....

TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement
1 Steel 2 Brass	3 Stainless steel 4 Galvanized steel	5 Fiberglass 6 Concrete tile
7 RMP (SR)	8 ABS	9 Other (specify below)

SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	11 None (open hole)
1 Continuous slot 2 Louvered shutter	3 Mill slot 4 Key punched	6 Wire wrapped 7 Torch cut
8 RMP (SR)	9 ABS	10 Other (specify).....

SCREEN-PERFORATED INTERVALS:	From..... 180..... ft. to 140..... Steel..... ft.	From..... ft. to..... ft.
	From..... 140..... ft. to 100..... PVC..... ft.	From..... ft. to..... ft.

GRAVEL PACK INTERVALS:	From..... 180..... ft. to 20..... ft.	From..... ft. to..... ft.
	From..... ft. to..... ft.	From..... ft. to..... ft.

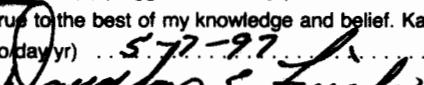
6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other .....
Grout Intervals:	From..... 40..... ft. to 0..... ft.	From..... ft. to..... ft.	From..... ft. to..... ft.	From..... ft. to..... ft.

What is the nearest source of possible contamination:	10 Livestock pens	14 Abandoned water well
1 Septic tank	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	13 Insecticide storage	N/A.....
4 Seepage pit		

Direction from well?	How many feet?
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil			
1	5	Dark Clay			
5	30	Course Sand			
30	35	Brown Clay			
35	42	Course Sand			
42	60	Brown Sandy Clay			
60	65	Fine Sand			
65	80	Brown Sandy Clay			
80	85	Course Sand (loose)			
85	87	Brown Sandy Clay			
87	90	Med sand & brown sandy clay mixed			
90	98	Med sand			
98	104	Med sand (loose)			
104	140	Med sand & brown sandy clay layers			
140	180	Course Sand (loose)			

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) 4/5/97..... and this record is true to the best of my knowledge and belief. Kansas
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Water Well Contractor's License No. 367.....	This Water Well Record was completed on (mo/day/yr) 5/7/97.....
under the business name of Grosch Irrigation Co., 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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SEC

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