

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

1 LOCATION OF WATER WELL: County: <u>Kingman</u>	Fraction <u>NE 1/4 SE 1/4</u>	Section Number <u>3</u>	Township Number <u>T 27 S</u>	Range Number <u>R 7 W</u>
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Distance and direction from nearest town or city street address of well if located within city?
3mi. so. 2mi. west of Pretty Prairie, Kans

2 WATER WELL OWNER: Brian Schwartz
 RR#, St. Address, Box # : Box 62V-RT#1
 City, State, ZIP Code : Kingman, Kans

Board of Agriculture, Division of Water Resources
Application Number:

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

N	
W	E
S	X

4 DEPTH OF COMPLETED WELL 34' ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1. 16 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 16' ft. below land surface measured on mo/day/yr AUG. 22-93

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield NA gpm Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 7 7/8" in. to 34' ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input checked="" type="checkbox"/> 2 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only
<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 10 Monitoring well	<input type="checkbox"/> 12 Other (Specify below)

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:

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

Blank casing diameter 5" in. to 25" ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 12" in., weight 160 lbs./ft. Wall thickness or gauge No. Sdr. 26

TYPE OF SCREEN OR PERFORATION MATERIAL:

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

SCREEN OR PERFORATION OPENINGS ARE:

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

SCREEN-PERFORATED INTERVALS: From 25' ft. to 34' ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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

Grout Intervals: From 19'6" ft. to 3" ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 13 Insecticide storage				

Direction from well? SE How many feet? 110'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0'	3'	Top soil.			
3'	9'	Clay			
9'	16'	Sandy clay			
16'	19'	Brown clay			
19'	33'	Course sand.			
33'	34'	Red bed.			

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) Aug. 18-93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 112. This Water Well Record was completed on (mo/day/yr) Sept. 15-93 under the business name of Wells Drilling Co. by (signature) Dal Wells

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.