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

1. LOCATION OF WATER WELL:

	Fraction						Section Number	Township Number	Range Number
County: **Gray**	NE ¼	NE ¼	NW ¼				**25**	T **28** S	R **30** E/W

Distance and direction from nearest town or city street address of well if located within city?   **from Montezuma, Kansas – 5½ mile West**

2. WATER WELL OWNER: **Wayne Tucker   (House well)**

RR#, St. Address, Box # :

City, State, ZIP Code : **Copeland, Kansas 67837**

Board of Agriculture, Division of Water Resources
Application Number:

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

```
        N
  +---+---+
  | X |   |
--NW--+--NE--
  |   |   |
  +---+---+
  |   |   |
--SW--+--SE--
  |   |   |
  +---+---+
        S
```
(1 Mile vertical, W–E horizontal)

4. DEPTH OF COMPLETED WELL.... **240** ...... ft. ELEVATION: ....

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

WELL'S STATIC WATER LEVEL .... **119** ... ft. below land surface measured on mo/day/yr .. **August 24, 1983**

Pump test data: Well water was .... ft. after .... hours pumping .... gpm

Est. Yield ... **40** .. gpm: Well water was .... ft. after .... hours pumping .... gpm

Bore Hole Diameter.... **8** .....in. to .... **240** ....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 Observation well   ....

Was a chemical/bacteriological sample submitted to Department? Yes........... No **XXX** ....; If yes, mo/day/yr sample was submitted   Water Well Disinfected? Yes **XXX**   No

5. TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile
2 **PVC**	4 ABS	6 Asbestos-Cement	9 Other (specify below)
		7 Fiberglass	

CASING JOINTS: Glued **XXX** .. Clamped ....
Welded ....
Threaded ....

Blank casing diameter ..... **5** .....in. to .... **240** .....ft., Dia ....in. to ....ft., Dia ....in. to ....ft.

Casing height above land surface...... **12** ....in., weight ...... **200 psi** ....lbs./ft. Wall thickness or gauge No. . **SDR 21** ....

TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC**   10 Asbestos-cement

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) ....
2 Brass	4 Galvanized steel	6 Concrete tile	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...... **205** ....ft. to ..... **235** ....ft., From .... ft. to .... ft.
From........... ft. to .... ft., From .... ft. to .... ft.

GRAVEL PACK INTERVALS: From...... **18** ....ft. to ..... **240** ....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..... **6** ....ft. to ..... **18** .... ft., From .... ft. to .... 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** 14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage 16 Other (specify below)
			13 Insecticide storage ....

Direction from well? **East**   How many feet? **110**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	15	Top soil & clay			
15	30	Clay			
30	75	Clay & fine sand layers			
75	90	Clay			
90	105	Clay (2 ft.) & medium to coarse sand			
105	150	Medium to coarse sand			
150	165	Medium to coarse sand			
165	180	Medium sand & clay (7 ft.)			
180	195	Clay & fine to medium sand layers			
195	210	Clay (4 ft.) & medium sand			
210	225	Medium sand			
225	240	Medium sand & clay (3 ft.)			

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) .... **August 25, 1983** .... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...... **179** .... This Water Well Record was completed on (mo/day/yr) . **August 27, 1983** .... under the business name of **Joe's Well Service, Inc. Cimarron, Ks.** by (signature) *Judith E. Click*

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY   T   R   E/W   SEC.   ¼   ¼   ¼