

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

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Pratt</u>		$\frac{1}{4}$ NC $\frac{1}{4}$ N $\frac{1}{4}$	<u>33</u>	T <u>29</u> S	R <u>11</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 1 mile north and 1 1/2 miles east of Isabel</u>					
2 WATER WELL OWNER:		Calvin & Carla Boyd			
RR#, St. Address, Box # :		12001 Northwest Spring Creek Road		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :		Medicine Lodge, KS 67104		Application Number: <u>41,350</u>	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>183</u> ft. ELEVATION: <u>unknown</u>			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>62</u> ft. below land surface measured on mo/day/yr <u>4-6-98</u>			
		Pump test data: Well water was <u>not ch'd</u> ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>24</u> in. to <u>182</u> 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) <u>2 Irrigation</u> 4 Industrial 7 Lawn and garden only 10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____ If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes _____ No <u>X</u> _____			
5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded <u>X</u> _____ 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____			
Blank casing diameter _____ in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.		Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>219</u>			
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:		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) <u>Bridge Slot</u>			
SCREEN-PERFORATED INTERVALS:		From <u>116</u> ft. to <u>128</u> ft., From <u>146</u> ft. to <u>158</u> ft. From <u>166</u> ft. to <u>182</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>20</u> ft. to <u>182</u> 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 <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage <u>None known</u>			
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil			
5	8	Clay, brown			
8	23	Clay, gray			
23	50	Clay, brown and white			
50	68	Sand and gravel, fine, medium			
68	70	Clay			
70	87	Sand and gravel, fine, medium, coarse			
87	111	Clay, tan with sand and gravel streaks			
111	126	Sand and gravel, fine, medium			
126	158	Clay, red, brown			
158	164	Clay, white			
164	180	Sand and gravel, fine, medium			
180	182	Clay, red			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-6-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/yr) <u>4-23-98</u> under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</u>					
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.					

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