

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

12,635

1 LOCATION OF WATER WELL: County: Gray	Fraction ¼ SW ¼ NW ¼ NE ¼	Section Number 6	Township No. T 29 S	Range Number R 30 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
approx 6.5 miles southeast of Pierceville, KS

Global Positioning System (GPS) information:

Latitude: 37.55899..... (in decimal degrees)

Longitude: 100.364316..... (in decimal degrees)

Elevation: 2804.....

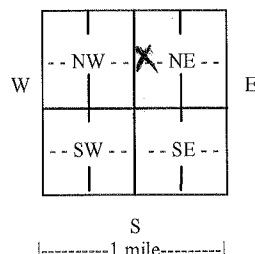
Datum: ☐ WGS 84, ☐ NAD 83, ☒ NAD 27

Collection Method:

☒ GPS unit (Make/Model:☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land SurveyEst. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: Ron Jantz
RR#, Street Address, Box #: 32305 2 Rd
City, State, ZIP Code : Copeland, KS 67837

3 LOCATE WELL WITH AN "X" IN SECTION BOX:
N

**4 DEPTH OF COMPLETED WELL** 482..... ft.

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

WELL'S STATIC WATER LEVEL 254..... ft. below land surface measured on mo/day/yr. 5/30/11.....

Pump test data: Well water was 270..... ft. after 4..... hours pumping 1442..... gpm

EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm

Bore Hole Diameter 24..... in. to 482..... ft., and..... in. to..... ft.

WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)☒ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring wellWas 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 CASING USED:** ☒ Steel ☐ PVC ☐ OtherCASING JOINTS: ☐ Glued ☐ Clamped ☒ Welded ☐ Threaded

Casing diameter .16..... in. to 482..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.

Casing height above land surface 12..... in., Weight..... lbs./ft., Wall thickness or gauge No. 0.219.....

TYPE OF SCREEN OR PERFORATION MATERIAL:☒ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)☐ 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 277..... ft. to 477..... ft., From..... ft. to..... ft.

From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 20..... ft. to 400..... ft., From 400..... ft. to 480..... ft.

From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other

Grout Intervals: From 0..... ft. to 20..... 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 **None Detected**

Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	top soil	425	436	fine sand & sandy clay beds
2	58	brown sandy clay	436	462	brwn clv & calicho some fn snd strp
58	72	fine sand	462	477	clay, some brown rock beds
72	87	brown sandy clay	477	482	yellow soapstone, & grav clay
87	125	fine sand, some clay beds			
125	148	snd fne-med crse, some sm med crse			
148	155	brown sandy clay			
155	250	fine-med sand, some coarse gravel			
250	405	snd fne-med crse & med crse mix			
405	425	fne snd & some sm-med mix few clv			

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) 5/30/11..... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 145..... This Water Well Record was completed on (mo/day/year) 6/23/11.....
under the business name of Hydro Resources..... by (signature) *Brian J. Ruchman*.....

INSTRUCTIONS: Use typewriter 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 785-296-5522. 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>.