WATER WELL RECORD

Form WWC-5 Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Smith	Fraction ¼ ¼ NW ¼	Section Number 16	Township Number T 2 S	Range Number R 12 E/W

Distance and direction from nearest town or city street address of well if located within city? 6 miles north 3/4 mile west of Bellaire

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: 39°52'59"N
Longitude: 98°40'57"W
Elevation:
Datum:
Data Collection Method:

2 WATER WELL OWNER: Raymond Yenne
RR#, St. Address, Box # : P.O.Box 365
City, State, ZIP Code : Smith Center, KS 66967

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

N
W | X NW | NE | E
SW | SE
S

4 DEPTH OF COMPLETED WELL .....175..... ft.

Depth(s) Groundwater Encountered (1).....92..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL.....92..... .ft. below land surface measured on mo/day/yr 10/22/2007
Pump test data: Well water was....145.....ft. after.....8..... hours pumping..1500..... gpm
Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm
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 Domestic (lawn & garden) 10 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No .....X.; If yes, mo/day/yrs
Sample was submitted..... Water well disinfected? Yes ....X... No .....

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..X..... Clamped.....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
2 PVC 4 ABS 7 Fiberglass ..... Threaded.....
Blank casing diameter ....16..... in. to .....115..... ft., Diameter. ..... in. to ..... ft., Diameter ..... in. to .....ft.
Casing height above land surface.....18..... in., Weight .....lbs./ft. Wall thickness or guage No. .....SDR26.....
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) .....
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) .....
SCREEN-PERFORATED INTERVALS: From.....115..... ft. to .....175..... ft., From ..... ft. to ..... ft.
From..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From.....175..... ft. to .....30..... ft., From ..... ft. to ..... ft.
From.....10..... ft. to .....0..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....
Grout Intervals: From .....30..... ft. to .....10..... 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 13 Insecticide Storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Existing irr. well
Direction from well? ....North..... How many feet? .....1,000+.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	Top soil & clay	156	160	Medium to coarse sand
20	90	Clay	160	165	Medium to coarse sand
90	107	Clay w/cmented clay strips	165	168	Limestone & sand mixed
107	119	White clay w/thin limestone &	168	169	Limestone
		sand strips	169	175	Shale
119	120	Coarse sand			
120	150	Med. to coarse sand & small gravel			
		w/trace cobblestone			
150	154	Small gravel w/flint strips			
154	156	Flint strips			

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) ...10/22/2007 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....433..... This Water Well Record was completed on (mo/day/year) .10/29/2007..... under the business name of Chas.Sargent 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.