

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

<b>1 LOCATION OF WATER WELL:</b>	Fraction	Section Number	Township Number	Range Number
County: <u>Meade</u>	SE 1/4 SE 1/4 NE 1/4	31	T 30S S	R 26W E/W

Distance and direction from nearest town or city street address of well if located within city?

1 N of Fowler, KS--

<b>2 WATER WELL OWNER:</b>	<u>Friesen Windmill &amp; Supply</u>	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # :	<u>215 N Post</u>	
City, State, ZIP Code :	<u>Meade, KS 67864</u>	

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>300</u> ..... ft. ELEVATION: .....	<b>WELL'S STATIC WATER LEVEL</b> ..... <u>45</u> ..... ft. below land surface measured on mo/day/yr ..... <u>06-23-92</u>
	Depth(s) Groundwater Encountered 1. .... <u>45</u> ..... ft. 2. .... ft. 3. .... ft.	Pump test data: Well water was ..... <u>45</u> ..... ft. after ..... <u>1</u> ..... hours pumping ..... <u>30</u> ..... gpm
	Est. Yield ..... <u>30</u> ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm	Bore Hole Diameter ..... <u>9 1/2</u> ..... in. to ..... <u>300</u> ..... ft., and ..... in. to ..... ft.
	<b>WELL WATER TO BE USED AS:</b>	5 Public water supply    8 Air conditioning    11 Injection well
	<input checked="" type="radio"/> 1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)	<input type="radio"/> 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes..... No..... <input checked="" type="checkbox"/> X.....; If yes, mo/day/yr sample was submitted		Water Well Disinfected? Yes <input checked="" type="checkbox"/> X No

<b>5 TYPE OF BLANK CASING USED:</b>	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued ..... <input checked="" type="checkbox"/> X ..... Clamped .....
<input type="radio"/> 1 Steel    3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded .....
<input checked="" type="radio"/> 2 PVC    4 ABS	7 Fiberglass		Threaded .....
Blank casing diameter ..... <u>5</u> ..... in. to ..... <u>300</u> ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.	Casing height above land surface ..... <u>24</u> ..... in., weight ..... lbs./ft. Wall thickness or gauge No. .... <u>032</u>	<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>	
<input type="radio"/> 1 Steel    3 Stainless steel    5 Fiberglass	<input checked="" type="radio"/> 7 PVC	10 Asbestos-cement	
<input type="radio"/> 2 Brass    4 Galvanized steel    6 Concrete tile	8 RMP (SR)	11 Other (specify) .....	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>	9 ABS	12 None used (open hole)	
<input type="radio"/> 1 Continuous slot    3 Mill slot	5 Gauzed wrapped	<input checked="" type="radio"/> 8 Saw cut    11 None (open hole)	
<input type="radio"/> 2 Louvered shutter    4 Key punched	6 Wire wrapped	9 Drilled holes	
<input type="radio"/> 7 Torch cut	10 Other (specify) .....		
<b>SCREEN-PERFORATED INTERVALS:</b>	From ..... <u>190</u> ..... ft. to ..... <u>290</u> ..... ft., From ..... ft. to ..... ft.		
<b>GRAVEL PACK INTERVALS:</b>	From ..... <u>100</u> ..... ft. to ..... <u>300</u> ..... ft., From ..... ft. to ..... ft.		

<b>6 GROUT MATERIAL:</b>	<input checked="" type="radio"/> 1 Neat cement	2 Cement grout	3 Bentonite	<input checked="" type="radio"/> 4 Other ..... <u>Hole plug</u>
Grout Intervals: From ..... <u>1</u> ..... ft. to ..... <u>20</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.	<b>What is the nearest source of possible contamination:</b>			
<input type="radio"/> 1 Septic tank    4 Lateral lines    7 Pit privy	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 14 Abandoned water well		
<input type="radio"/> 2 Sewer lines    5 Cess pool    8 Sewage lagoon	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 15 Oil well/Gas well		
<input type="radio"/> 3 Watertight sewer lines    6 Seepage pit    9 Feedyard	<input type="radio"/> 12 Fertilizer storage	<input type="radio"/> 16 Other (specify below)		
<input type="radio"/> 13 Insecticide storage	<b>Direction from well?</b>			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface			
2	165	Clay			
165	175	Sand			
175	188	Clay			
188	197	Sand			
197	206	Clay			
206	218	Sand			
218	238	Clay			
238	274	Sand			
274	300	Clay			

**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) ..... 06-23-92 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... KWWCL-430 ..... This Water Well Record was completed on (mo/day/yr) ..... 06-23-92 ..... under the business name of Howard Drlg. Co. Box 806 Beaver, OK 73932 by (signature) *Howard Drlg. Co.*

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.