

NE-NE-NE-SE
DRL

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Meade	Fraction SE 1/4 NE 1/4 NE 1/4 NE 1/4	Section Number 16	Township No. T 32 S	Range Number R 26 <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
11 East and 1 1/2 South from Meade

Global Positioning System (GPS) information:
Latitude: **37.154448** (in decimal degrees)
Longitude: **100.084595** (in decimal degrees)
Elevation: **2400**
Datum: WGS 84, NAD 83, NAD 27
Collection Method:
 GPS unit (Make/Model: **Garmin GPSmap 60**)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: **Bobby Lauppe**
RR#, Street Address, Box #:
City, State, ZIP Code : **Fowler, KS 67844**

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

N

NW	NE		E
SW	SE	X	

S

-----1 mile-----

4 DEPTH OF COMPLETED WELL **160** ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL **99** ft. below land surface measured on mo/day/yr. **10/26/09**
Pump test data: Well water was **99** ft. after **1** hours pumping. **30** gpm
EST. YIELD **50** gpm. Well water was..... ft. after..... hours pumping..... gpm
Bore Hole Diameter **8 3/4** in. to **160** 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 well
Was 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 Other.....
CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter **.5** in. to **.120** ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
Casing height above land surface **.18** in., Weight..... lbs./ft., Wall thickness or gauge No. **200#**
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 **120** ft. to **160** ft., From..... ft. to..... ft.
From..... ft. to..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From **20** ft. to **160** ft., From..... ft. to..... ft.
From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....
Grout Intervals: From **.4** ft. to **.20** ft., From..... ft. to..... 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 **water well**
Direction from well **South**..... Distance from well **20 feet**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	topsoil	159	160	red clay
3	18	brown clay			
18	24	sand			
24	35	brown clay			
35	45	sand			
45	65	white clay			
65	80	sand			
80	100	brown clay			
100	130	sandy brown clay			
130	159	sand and gravel			

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) **10/26/2009**.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **101**..... This Water Well Record was completed on (mo/day/year) **11/6/2009**..... under the business name of **Bartel Well Drilling, Inc**..... by (signature) *Bartel*.....

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>.