

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Clack</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>17</u>	Township Number T <u>33</u> S	Range Number R <u>22</u> E <input checked="" type="checkbox"/>
Distance and direction from nearest town or city street address of well if located within city? <u>1E + 1S from Ashland:</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Richard Degen</u> RR#, St. Address, Box # : _____ City, State, ZIP Code : <u>Ashland, KS 67831</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>-- NW --</td><td> </td><td>-- NE --</td></tr> <tr><td>W</td><td> </td><td>E</td></tr> <tr><td>-- SW --</td><td> </td><td>-- SE --</td></tr> <tr><td>X</td><td> </td><td> </td></tr> <tr><td>S</td><td> </td><td> </td></tr> </table>				-- NW --		-- NE --	W		E	-- SW --		-- SE --	X			S			4 DEPTH OF COMPLETED WELL <u>60</u> ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>21</u> ft. below land surface measured on mo/day/yr..... Pump test data: Well water was..... <u>36</u> ft. after..... <u>1</u> hours pumping..... <u>15</u> gpm Est. Yield..... <u>15</u> 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 <input checked="" type="radio"/> 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 <input checked="" type="checkbox"/> ; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No
-- NW --		-- NE --																	
W		E																	
-- SW --		-- SE --																	
X																			
S																			

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) <input checked="" type="radio"/> PVC 4 ABS	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped..... Welded..... Threaded.....
Blank casing diameter <u>5</u> in. to <u>20</u> ft., Diameter..... in. to ft., Diameter..... in. to ft. Casing height above land surface..... <u>24</u> in., Weight..... lbs./ft. Wall thickness or guage No. <u>200*</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="radio"/> PVC 9 ABS 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="radio"/> 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..... <u>20</u> ft. to <u>60</u> ft., From..... ft. to ft. From..... ft. to ft., From..... ft. to ft.		
GRAVEL PACK INTERVALS: From..... <u>20</u> ft. to <u>60</u> ft., From..... ft. to ft. From..... ft. to ft., From..... ft. to ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other	Grout Intervals: From..... <u>top</u> ft. to <u>20</u> 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) <input checked="" type="radio"/> 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		
Direction from well? <u>North</u>		How many feet? <u>3000</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>5</u>	<u>top soil</u>			
<u>5</u>	<u>11</u>	<u>brown clay</u>			
<u>11</u>	<u>14</u>	<u>blue clay</u>			
<u>14</u>	<u>18</u>	<u>brown clay</u>			
<u>18</u>	<u>49</u>	<u>sand + gravel</u>			
<u>49</u>	<u>60</u>	<u>sandy red clay</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-11-07 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) 11-2-07 under the business name of Bartel Well Drilling, Inc. by (signature) Reuben J. Bartel

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline & 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>.