

SE SW SW

(drl)

WATER WELL RECORD

Form WWC-5

KSA 82a-1212

ID No.

1 LOCATION OF WATER WELL:	Fraction <del>SW</del> $\frac{1}{4}$ <del>SW</del> $\frac{1}{4}$ <del>SE</del> $\frac{1}{4}$	Section Number <u>10</u>	Township Number T <u>33</u> S	Range Number R <u>27</u> E <u>W</u>	
County: <u>Meade</u>					
Distance and direction from nearest town or city street address of well if located within city? <u>75 + 54 E from Meade</u>					
2 WATER WELL OWNER: <u>Darwin Ediger</u>					
RR#, St. Address, Box # : City, State, ZIP Code : <u>Meade, KS 67864</u>			Board of Agriculture, Division of Water Resources Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>200</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL <u>110</u> ft. below land surface measured on mo/day/yr <u>7-30-04</u> Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield <u>10</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 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? <input checked="" type="checkbox"/> Yes No			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR)		5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped .....	
② PVC 4 ABS		6 Asbestos-Cement 9 Other (specify below)		Welded .....	
		7 Fiberglass		Threaded .....	
Blank casing diameter <u>5</u> in. to <u>160</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface <u>18</u> in., weight ..... lbs./ft. Wall thickness or gauge No. <u>200</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless Steel		5 Fiberglass ⑦ PVC		10 Asbestos-Cement	
2 Brass 4 Galvanized Steel		6 Concrete tile 8 RMP (SR)		11 Other (Specify) .....	
		9 ABS		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot ⑧ Mill slot		5 Gauzed wrapped 8 Saw cut		11 None (open hole)	
2 Louvered shutter 4 Key punched		6 Wire wrapped 9 Drilled holes			
		7 Torch cut 10 Other (specify) .....			
SCREEN-PERFORATED INTERVALS: From <u>160</u> ft. to <u>200</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>200</u> ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other .....					
Grout Intervals: From <u>4</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		14 Abandoned water well	
2 Sewer lines 5 Cess pool		8 Sewage lagoon 11 Fuel storage		15 Oil well/Gas well	
3 Watertight sewer lines 6 Seepage pit		9 Feedyard 12 Fertilizer storage		16 Other (specify below)	
		13 Insecticide storage			
Direction from well? <u>N</u>		How many feet? <u>30</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	topsoil			
10	25	tan clay			
25	38	brown clay			
38	48	white clay			
48	51	sand			
51	58	reddish clay			
58	65	sand			
65	76	brown clay			
76	85	sand			
85	150	sandy brown clay			
150	160	sand + gravel			
160	175	brown clay			
175	185	sand + gravel			
185	200	sand rock			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ③ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>101</u> This Water Well Record was completed on (mo/day/yr) <u>4-20-04</u> under the business name of <u>Bartel Well Drilling, Inc.</u> by (signature) <u>Reuben J. Bartel</u>					
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.					

RECEIVED

OCT 28 2004

BUREAU OF WATER