

1 LOCATION OF WATER WELL:		Fraction	Form WWC-5		KSA 82a-1212
County: <u>Meade</u>		<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	Section Number	Township Number	Range Number
			<u>11</u>	T <u>33</u> S	R <u>27</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>6 3/4 S + 6 E of Meade</u>					
2 WATER WELL OWNER: <u>John N. Ediger</u>					
RR#, St. Address, Box # :			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Meade, KS 67864</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>140</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>118</u> ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>96</u> ft. below land surface measured on <u>11-20-91</u>			
		Pump test data: Well water was <u>120</u> ft. after <u>1 1/2</u> hours pumping <u>10</u> gpm			
		Est. Yield <u>10</u> gpm: Well water was ft. after hours pumping gpm			
		Bore Hole Diameter: <u>8 3/4</u> in. to <u>140</u> ft., and in. to ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="radio"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) <input type="radio"/> Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well			
		Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="radio"/> PVC		4 ABS		6 Asbestos-Cement	
Blank casing diameter <u>5</u> in. to <u>100</u> ft., Dia.				7 Fiberglass	
Casing height above land surface <u>24</u> in., weight lbs./ft.				8 Concrete tile	
				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
1 Steel		3 Stainless steel		Welded	
2 Brass		4 Galvanized steel		Threaded	
3 Fiberglass		6 Concrete tile		10 Asbestos-cement	
<input checked="" type="radio"/> PVC		8 RMP (SR)		11 Other (specify)	
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS		12 None used (open hole)	
1 Continuous slot		5 Gauzed wrapped		<input checked="" type="radio"/> Saw cut	
2 Louvered shutter		6 Wire wrapped		11 None (open hole)	
3 Mill slot		7 Torch cut		9 Drilled holes	
4 Key punched		10 Other (specify)		10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From <u>100</u> ft. to <u>140</u> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>140</u> ft., From ft. to ft.					
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other					
Grout Intervals: From <u>top</u> ft. to <u>20</u> ft., From ft. to ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
Direction from well? <u>East</u>				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
				<u>over flow from stock tank</u>	
				How many feet? <u>30</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	topsoil			
5	25	brown clay			
25	63	sandy brown clay			
63	72	sand rock			
72	118	sandy white clay			
118	135	sandy gravel			
135	140	red clay			
200# PVC SDR-21 ASTM F-480-89					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-20-91</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>101</u> This Water Well Record was completed on (mo/day/yr) <u>11-21-91</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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					