

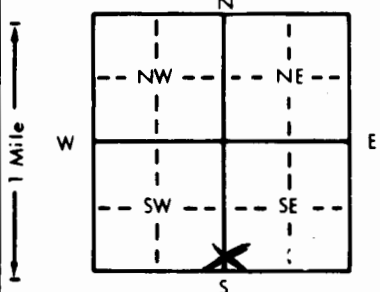
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: **SEWARD** Fraction: **C/S 1/4 S 1/2 1/4 S 1/2 1/4** Section Number: **14** Township Number: **T 33 S** Range Number: **R 31 E** (W)

Distance and direction from nearest town or city street address of well if located within city?
FROM BEAVER TO N OF MEADE LAKE WEST TO BLINKIN LIGHT ON WEST 4 MILES, NORTH INTO LOC.

2 WATER WELL OWNER: **DEKALB**
 RR#, St. Address, Box # : **P.O. BOX 429** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **PLAINS, KS 67869** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **500** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **210** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **210** ft. below land surface measured on mo/day/yr **12-29-95**
 Pump test data: Well water was **230** ft. after **1** hours pumping **150** gpm
 Est. Yield **150** gpm Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **17** in. to **500** ft., and _____ in. to _____ ft.
 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 Lawn and garden only 10 Monitoring well *Hog farm*
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped _____
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter **8** in. to **500** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: **24** in., weight **2.902** lbs./ft. Wall thickness or gauge No. **.280 SDR 21**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 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 **380** ft. to **500** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **280** ft. to **500** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 **Neat cement** 2 Cement grout 3 Bentonite 4 **Other HOLE PLUG**
 Grout Intervals: From **0** ft. to **16** 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? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	CLAY	390	400	COARSE SAND
2	42	CLAY	400	450	SAND W/CLAY STREAKS
42	60	CLAY & SANDY CLAY	450	460	SANDY CLAY
60	90	CLAY & SAND STREAKS	460	490	COARSE SAND
90	120	COARSE SAND	490	500	SANDY CLAY
120	140	CLAY			
140	169	SANDY CLAY			
169	220	COARSE SAND			
220	241	SAND & SANDY CLAY			
241	267	BLUE CLAY			
267	278	SANDY CLAY			
278	329	SAND			
329	350	BLUE SANDY CLAY			
350	380	SAND & SANDY CLAY			
380	390	SAND			

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) **12-29-95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **KWACL-430** This Water Well Record was completed on (mo/day/yr) **12-29-95** under the business name of **HOWARD DRLG. CO. BOX 806 BEAVER, OK 73932** by (signature) *[Signature]*

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.