

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

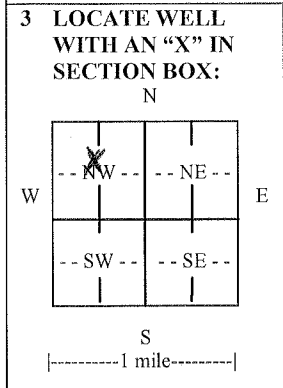
43,680 25,555

<b>1 LOCATION OF WATER WELL:</b> County: Seward	Fraction ¼ SE ¼ NW ¼ NW ¼	Section Number 11	Township No. T 33 S	Range Number R 31 <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  approx 1.5 miles southeast of Kismet, KS

**Global Positioning System (GPS) information:**  
 Latitude: .37.19647..... (in decimal degrees)  
 Longitude: 100.66715..... (in decimal degrees)  
 Elevation: 2759.....  
 Datum:  WGS 84,  NAD 83,  NAD 27  
 Collection Method:  
 GPS unit (Make/Model: .....)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

**2 WATER WELL OWNER:** Oleta Lepper  
 RR#, Street Address, Box #: PO Box 265  
 City, State, ZIP Code : Girard, KS 66743



**4 DEPTH OF COMPLETED WELL** 473..... ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL 260..... ft. below land surface measured on mo/day/yr. 5/29/11.....

Pump test data: Well water was 380..... ft. after 4..... hours pumping 1003..... gpm

EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm

Bore Hole Diameter 24..... in. to 473..... 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 .16..... in. to .473..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface .12..... in., Weight ..... lbs./ft., Wall thickness or gauge No. .0.219.....

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 .296..... ft. to .356..... ft., From .369..... ft. to .419..... ft.  
 From .438..... ft. to .468..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From .20..... ft. to .473..... 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 .0..... ft. to .20..... 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  None Detected

Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	top soil	277	304	snd fine-med crse w/ some cly ledges
2	38	brwn sndy cly w/ few sm snd strips	304	321	brwn sndy cly w/ few snd strips
38	81	brown clay	321	356	snd fn-md crse w/ few sm cly strngr
81	132	sand fine to med coarse, sm grvl	356	368	brown sandy clay
132	137	brown sandy clay	368	377	snd fine-med w/ many clay stringers
137	148	sand fine to med coarse	377	402	sd fn-md crs w/ few cly strar & lda
148	154	brwn sndy clay w/ couple snd strips	402	420	sand fine to med coarse
154	215	sand fine to med coarse	420	443	brown sandy clay
215	226	brown sandy clay	443	468	snd fine-med w/ many clay stringers
226	277	blue clay	468	473	brown sandy clay

**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) 5/29/11..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145..... This Water Well Record was completed on (mo/day/year) 6/20/11..... under the business name of Hydro Resources..... by (signature) *[Signature]*

**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>.