

WATER WELL RECORD

Form WWC-5

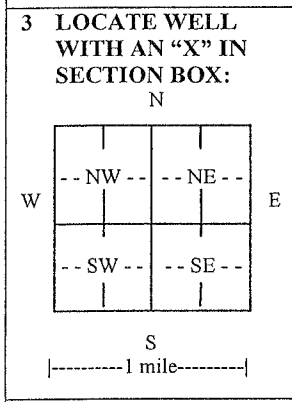
Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Barber	Fraction ¼ SW ¼ SW ¼ NE ¼	Section Number 3	Township No. T 34 S	Range Number R 12 <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 .
1 MILE EAST 1.5 MILE NORTH 3/4 EAST SOUTH 1/4

Global Positioning System (GPS) information:
 Latitude: .37.01.947.N..... (in decimal degrees)
 Longitude: 98.36.622.W..... (in decimal degrees)
 Elevation: 1485'
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model: Magellan Meridian.....)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Randal Lohmann
 RR#, Street Address, Box #: 603 Drumm st
 City, State, ZIP Code : Kiowa Ks 67070



4 DEPTH OF COMPLETED WELL 72..... ft.

Depth(s) Groundwater Encountered (1) 20..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL 20..... ft. below land surface measured on mo/day/yr.....

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

EST. YIELD 5.....gpm. Well water was.....ft. after..... hours pumping..... gpm

Bore Hole Diameter 12.1/4.....in. to .72.....ft., andin. toft.

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 .8..... in. to .72..... ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface .24..... in., Weight lbs./ft., Wall thickness or gauge No. sch 40.....

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 .72..... ft. to .52..... ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From .72..... ft. to .20..... 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 .20..... ft. to .0..... 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

Direction from well south..... Distance from well 1000.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	72	Layered red/grey shale			

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) 03/10/11..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665..... This Water Well Record was completed on (mo/day/year) 04/15/11..... under the business name of Pratt Well Service Inc. 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>.