

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

1 LOCATION OF WATER WELL: County: <u>MORTON</u>	Fraction <u>NW</u> ¼ <u>NE</u> ¼ <u>SE</u> ¼	Section Number <u>4</u>	Township Number <u>T 35 S</u>	Range Number <u>R 39 E/W</u>
---	---	----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?

5½ MILES SOUTH AND 3½ MILES EAST OF ROLLA, KS.

2 WATER WELL OWNER: C. D. HOEME, ETAL
 RR#, St. Address, Box # : BOX 751
 City, State, ZIP Code : HOOVER, OK 73945

Board of Agriculture, Division of Water Resources
 Application Number: 40-727

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

N

W	E
NW	NE
SW	SE
	S

X

4 DEPTH OF COMPLETED WELL: 507 ft. **ELEVATION:** _____ ft.

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

WELL'S STATIC WATER LEVEL .200 ft. below land surface measured on mo/day/yr 12/21/93

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

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 26 in. to 507 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well
<input checked="" type="radio"/> Irrigation	4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
		7 Lawn and garden only	10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No _____

5 TYPE OF CASING USED:

<input checked="" type="radio"/> Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded <u>X</u> _____
		7 Fiberglass		Threaded _____

Blank casing diameter .16 in. to 507 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 12 in., weight 42.5 lbs./ft. Wall thickness or gauge No. .250

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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 PERF. 235 ft. to 255 ft., From SCREEN 255 ft. to 275 ft.

From PERF. 275 ft. to 300 ft., From SCREEN 300 ft. to 320 ft.

GRAVEL PACK INTERVALS: From 20 ft. to 507 ft., From PERF. 320 ft. to 400 ft.

SCREEN 400' - 420 From PERF. 420 ft. to 485 ft., From SCREEN 485 ft. to 505 ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 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:

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	<input checked="" type="radio"/> Other (specify below)
			13 Insecticide storage	CROPLAND-NOTHING IMMEDIATE VICINITY

Direction from well?			How many feet?		VICINITY
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	200	SURFACE			
200	240	BROWN CLAY W/SAND			
240	280	FINE SAND			
280	300	SANDY BROWN CLAY			
300	380	FINE TO MED. SAND			
380	440	FINE SAND			
440	500	FINE TO MED. SAND			
500	510	BROWN & RED CLAY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 12/21/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 225 This Water Well Record was completed on (mo/day/yr) 1/20/94 under the business name of KTM DRILLING, INC. 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.