

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

1 LOCATION OF WATER WELL: County: <u>Rawlins</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>20</u>	Township Number <u>T 4 S</u>	Range Number <u>R 32 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?  
9 Miles South, 6 miles East, 2 1/2 North, 1 1/2 East of Atwood, Kansas

2 WATER WELL OWNER: Lester Yoos or Rt. 1 Box 39  
 RR#, St. Address, Box #: Rt. 2 Garyville, Ill. 62844 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Ludell, Ks. 67744 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL. 207 ft. ELEVATION:

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

WELL'S STATIC WATER LEVEL 177 ft. below land surface measured on mo/day/yr

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 8 in. to 207 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
2 Irrigation	4 Industrial	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 X

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 4.5 in. to 207 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	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 167 ft. to 207 ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 20 ft. to 207 ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 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	16 Other (specify below)
			13 Insecticide storage	<u>Old Plugged well</u>

Direction from well? 20' East How many feet? 20'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface	126	126.5	Caliche
3	14	Silty Sand & Clay	126.5	129	Fine Sand
14	39	Clay & Caliche Streaks	129	131	Rock Layer
39	43	Clay	131	134	Fine Sand
43	55	Clay Caliche & Sand Streaks	134	136	Clay
55	64	Med. Sand	136	138	Fine Sand
64	65	Caliche	138	147	Clay & Caliche
65	72	Clay & Caliche Strks.	147	155	Fine Sand
72	78	Med. Sand	155	165	Clay & Fine Sand Strks.
78	83	Caliche	165	168	Fine Sand
83	96	Clay & Cemented Streaks.	168	180	Sticky Clay
96	103	Med. Sand & Gravel	180	184	Caliche
103	118	Clay & Caliche Streaks	184	191	Sand 201-207-Ochre
118	123	Cemented Sand	191	192	Clay
123	126	Fine Sand	192	201	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) 7-25 92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 7-27-92 under the business name of WOOFER PUMP & WELL, 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.