

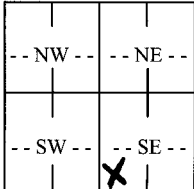
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <b>Cloud</b>	Fraction <b>SW ¼ SW ¼ SE ¼</b>	Section Number <b>12</b>	Township Number <b>T 5 S</b>	Range Number <b>R 2 <del>X</del>/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>5 miles West and 2 miles North of Clyde, Ks.</b>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

**2 WATER WELL OWNER: Bryan Feight**  
RR#, St. Address, Box # : **513 Broadway**  
City, State, ZIP Code : **Clyde, Ks. 66938**

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N  E S	<b>4 DEPTH OF COMPLETED WELL .....110..... ft.</b> Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... <del>49</del> <b>49</b> ... ft. below land surface measured on mo/day/yr. <b>8/22/06</b> .. Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield. <b>20-25</b> gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply    8 Air conditioning    11 Injection well <input checked="" type="checkbox"/> Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Domestic (lawn & garden)    10 Monitoring well .....
Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No .....	

**5 TYPE OF CASING USED:** 5 Wrought Iron    8 Concrete tile    CASING JOINTS: Glued  Clamped.....  
1 Steel    3 RMP (SR)    6 Asbestos-Cement    9 Other (specify below)    Welded.....  
 PVC    4 ABS    7 Fiberglass    ..... Threaded.....

Blank casing diameter ... **5**..... in. to ... **90**..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to .....ft.  
Casing height above land surface..... **24**..... in., Weight..... **2.37**...lbs./ft.    Wall thickness or guage No. **.214**.....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
1 Steel    3 Stainless Steel    5 Fiberglass     PVC    9 ABS    11 Other (Specify) .....  
2 Brass    4 Galvanized Steel    6 Concrete tile    8 RM (SR)    10 Asbestos-Cement    12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
1 Continuous slot     Mill slot    5 Guazed wrapped    7 Torch cut    9 Drilled holes    11 None (open hole)  
2 Louvered shutter    4 Key punched    6 Wire wrapped    8 Saw Cut    10 Other (specify) .....

**SCREEN-PERFORATED INTERVALS:** From..... **90**..... ft. to ..... **110**..... ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From..... **21**..... ft. to ..... **110**..... ft., From ..... ft. to ..... ft.  
From..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement    2 Cement grout     Bentonite    4 Other .....

Grout Intervals: From .... **0**..... ft. to .... **21**..... ft., From ..... ft. to ..... ft., From ..... ft. to .....ft.

What is the nearest source of possible contamination: **None within 300 ft.**

1 Septic tank    4 Lateral lines    7 Pit privy    10 Livestock pens    13 Insecticide Storage    16 Other (specify below)  
2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    14 Abandoned water well  
3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer Storage    15 Oil well/gas well .....

Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	<del>XXXXXXXXXXXXXXXXXXXX</del>
0	2	Topsoil	100	110	Sandstone, soft/tan
2	21	Clay, silty/tan	110	111	Sandstone, rusty
21	47	Clay, tan/brown	111	112	Shale, hard/gray
47	52	Clay, silty/brown	112	115	Shale, soft/lt. gray
52	65	Clay, brown			
65	72	Sand, tan			
72	87	Sandstone, yellow			
87	93	Sandstone, tan			
93	98	Sandstone, yellow			
98	100	Shale, gray			

**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) ... **8/24/06**.. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... **138**..... This Water Well Record was completed on (mo/day/year) ... **8/26/06**..... under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

**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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.