WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

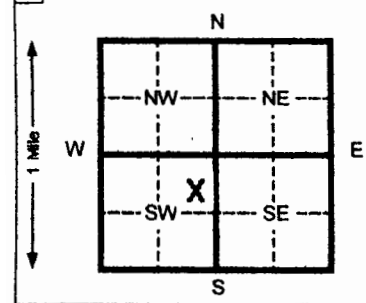
1 LOCATION OF WATER WELL: County: **Decatur** | Fraction: **C** ¼ **NE** ¼ **SW** ¼ | Section Number: **16** | Township Number: T **5** S | Range Number: R **26** E/W

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

2 WATER WELL OWNER: **Rosella Stephens**
RR#, St. Address, Box # : **Box 19**
City, State, ZIP Code : **Jennings, Ks**

Board of Agriculture, Division of Water Resources
Application Number: 20050306

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



4 DEPTH OF COMPLETED WELL **215** ft. ELEVATION: _____

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

WELL'S STATIC WATER LEVEL **na** 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 **220** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot (5) Public water supply 8 Air conditioning 11 Injection well
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
7 Lawn and garden (domestic) 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 **X** No

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile 9 Other (specify below)
[2] PVC 4 ABS 6 Asbestos-Cement 7 Fiberglass

CASING JOINTS: Glued **X** Clamped _____ Welded _____ Threaded _____

Blank casing diameter **4.5** in. to **175** 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. **2.48**

TYPE OF SCREEN OR PERFORATION MATERIAL: [7] PVC 10 Asbestos-cement
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: 5 Gauzed wrapped [8] Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **175** ft. to **215** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **215** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ 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 **none**

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		Surface			& caliche
2	25		Loess	173	190	Fine to med sand w/clay strks
25	30		Clay & caliche strks	190	210	Fine to some med sd
30	36		Sandy clay	210	217	Yellow ochre
36	47		Fine to some med sand	217	220	Black shale
47	62		Sandstone			
62	80		Cemented sand			
80	84		Fine to med sand			
84	93		Sandstone			
93	105		Fine to some med sand w/clay			
			Lens			
105	145		Fine to some med sand			
145	165		Clay & caliche w/sand stone			
165	173		Fine to med sd w/lots of clay			

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/yr) 10-4-05 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) 10-7-05 under the business name of **Woofter Pump & Well Inc.** by (signature)

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R SEC