

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

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																					
County: Decatur		NW 1/4 NW 1/4 NW 1/4		29		T 5 S		R 28 EW																																																																																					
Distance and direction from nearest town or city street address of well if located within city? 1 Mi. north and 2 mi. west of Leoville, Kansas																																																																																													
2 WATER WELL OWNER: Bruggeman Family Trust Living RR#, St. Address, Box #: 1319 Brookfield City, State, ZIP Code: Derby, Kansas 67037 Board of Agriculture, Division of Water Resources Application Number:																																																																																													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: 140 ft. ELEVATION:																																																																																										
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>			NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. 95 ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL 95 ft. below land surface measured on mo/day/yr Pump test data: Well water was ft. after hours pumping gpm Est. Yield 10 gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter 8 in. to 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 2 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 sub- mitted Water Well Disinfected? Yes X No																																																																																						
			NW	NE																																																																																									
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			5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded Blank casing diameter 5 in. to 120 ft., Dia in. to ft., Dia in. to ft. Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No. 258																																																																																										
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 10 Other (specify) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 11 None (open hole) SCREEN-PERFORATED INTERVALS: From 120 ft. to 140 ft. From ft. to ft. GRAVEL PACK INTERVALS: From 140 ft. to 120 ft. From ft. to ft.																																																																																													
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 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: 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?																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>15</td><td>Top</td><td></td><td></td><td></td></tr><tr><td>15</td><td>18</td><td>limstone soft</td><td></td><td></td><td></td></tr><tr><td>18</td><td>33</td><td>clay</td><td></td><td></td><td></td></tr><tr><td>33</td><td>55</td><td>fine sand</td><td></td><td></td><td></td></tr><tr><td>55</td><td>65</td><td>sand stone</td><td></td><td></td><td></td></tr><tr><td>65</td><td>92</td><td>sandstone clay mix</td><td></td><td></td><td></td></tr><tr><td>92</td><td>110</td><td>limstone</td><td></td><td></td><td></td></tr><tr><td>110</td><td>115</td><td>sand</td><td></td><td></td><td></td></tr><tr><td>115</td><td>128</td><td>sandy clay</td><td></td><td></td><td></td></tr><tr><td>128</td><td>130</td><td>fine sand</td><td></td><td></td><td></td></tr><tr><td>130</td><td>132</td><td>limstone</td><td></td><td></td><td></td></tr><tr><td>132</td><td>136</td><td>sand</td><td></td><td></td><td></td></tr><tr><td>136</td><td></td><td>shale</td><td></td><td></td><td></td></tr></tbody></table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	15	Top				15	18	limstone soft				18	33	clay				33	55	fine sand				55	65	sand stone				65	92	sandstone clay mix				92	110	limstone				110	115	sand				115	128	sandy clay				128	130	fine sand				130	132	limstone				132	136	sand				136		shale			
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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) 3-12-97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 398 This Water Well Record was completed on (mo/day/yr) 3-21-97 under the business name of Kelley Drilling Co. by (signature) Richard A. Kelley																																																																																													
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.																																																																																													