| WATER WELL RECORD | Form WWC-5 | Division of Water Resources App. No. |
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| 1 LOCATION OF WATER WELL: | Fraction | Section Number Township No. Range Number |
| County: ROOKS | 1/4 NW 1/4 NE 1/4 SW 1/4 | 35 T 7 S R 19 □E 🗗 W |
| Street/Rural Address of Well Location; i | | Global Positioning System (GPS) information: |
| from nearest town or intersection: If at o | | Latitude: (in decimal degrees |
| FROM STOCKTON: 5 MI WEST 2 M | | Longitude: (in decimal degrees |
| FROM STOCKTON, 5 MIL WEST 2 I | AI 300 I H | Elevation: |
| | | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 |
| 2 WATER WELL OWNER: BJ HOE | TING | Collection Method: |
| RR#, Street Address, Box #: P.O. BC | | GPS unit (Make/Model: |
| City, State, ZIP Code : CHAPP | ELL, NE 69129 | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey |
| 31747 | | Est. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ >15 m |
| 3 LOCATE WELL | | |
| | COMPLETED WELL | |
| SECTION BOX: Depth(s) Ground | Iwater Encountered (1) | ft. (2) ft. (3) 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 |
| w E Bore Hole Diam | eterfi | t., andft. |
| WELL WATER | TO BE USED AS: Public water | er supply Geothermal Injection well |
| SW SE Domestic | ☐ Feedlot ☐ Oil field water | er supply Dewatering Other (Specify below) |
| | ☐ Industrial ☐ Domestic-law | vn & garden 🔲 Monitoring well |
| Was a chemical/ | bacteriological sample submitted to | Department? Yes No |
| S If yes, mo/ | day/yr sample was submitted | ************** |
| | fected? 📝 Yes 🔲 No | |
| | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | |
| Casing diameter .10 in. to .16 ft., Diameter in. to ft., Diameter in. to ft. | | |
| Casing height above land surfacein., Weightlbs./ft., Wall thickness or gauge No | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | |
| Steel Stainless Steel PVC Other (Specify) | | |
| Brass Galvanized Steel None used (open hole) | | |
| SCREEN OR PERFORATION OPENING | | |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | |
| Louvered snutter Key punched | Tan 18 A 21 | ft., From ft. to f |
| SCREEN-PERFORATED INTERVALS: | | |
| OD ALVEL DAOW DIFFERMALC. | | ft., From ft. to f |
| | | ft., From ft. to |
| | rrom rt. to | ft., From ft. to |
| | | nite Other |
| | | ft. to ft., From ft. to ft |
| What is the nearest source of possible conta | mination: | |
| | | ens Insecticide storage Other (specify below) |
| Sewer lines Cesspool | ☐ Sewage lagoon ☐ Fuel storage it ☐ Feedyard ☐ Fertilizer st | |
| | | • — • |
| Direction from well | | from well |
| FROM TO LITHOLOG | IC LOO FROM | TO LITHO. LOG (cont.) or PLUGGING INTERVAL |
| INSTALL LINER | | |
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| A CONTRACTORIS OR I AND OFFICE | PE CEDTIFICATION: This | would was Department of Department of the second |
| / CUNTRACTUR'S UR LANDUWNE | COCERTIFICATION: This water (market) A/20/2044 | er well was constructed, reconstructed, or plugged |
| | | d this record is true to the best of my knowledge and belief. |
| | | ecord was completed on (mo/day/year) .6/30/2011 |
| under the business name ofAQUA P.UM | r | by (signature) Jour. M. Johnson |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | |
| | | gy Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-13 our records. Include fee of \$5.00 for each constructed well. Visit us |
| http://www.kdheks.gov/waterwell/index.html. | THE WILLIAM IN THE IN Y | J J J J J J J J J J J J J J J J J J J |
| KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | |