

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

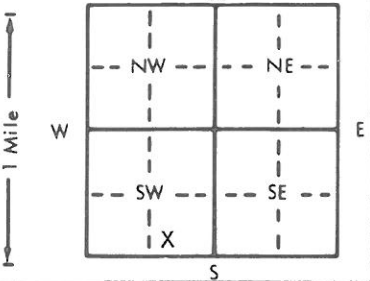
1 LOCATION OF WATER WELL: County: <b>ROOKS</b>	Fraction <b>SW 1/4 SE 1/4 SW 1/4</b>	Section Number <b>26</b>	Township Number <b>T 9 S</b>	Range Number <b>R 18 XE/W</b>
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Distance and direction from nearest town or city street address of well if located within city?

**902 SW 1st Street Plainville, Kansas**

2 WATER WELL OWNER: <b>Al Wahl</b> RR#, St. Address, Box # : <b>902 SW 1st Street</b> City, State, ZIP Code : <b>Plainville, Kansas 67663</b>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: <b>75</b> ft. ELEVATION: <b>Valley</b>
Depth(s) Groundwater Encountered 1. <b>45</b> ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL: <b>60</b> ft. below land surface measured on mo/day/yr <b>7/14/98</b>
Pump test data: Well water was <b>60</b> ft. after <b>1</b> hours pumping <b>15</b> gpm
Est. Yield: <b>15</b> gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter: <b>10</b> in. to <b>75</b> ft., and _____ in. to _____ ft.
WELL WATER TO BE USED AS: <b>7</b> 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 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 BLANK CASING USED: <b>2</b>	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____
1 Steel	6 Asbestos-Cement	9 Other (specify below)	Welded _____
<u>2 PVC</u>	7 Fiberglass		Threaded _____
3 RMP (SR)			
4 ABS			
Blank casing diameter: _____ in. to <b>45</b> ft., Dia <b>2.29</b> in. to _____ ft., Dia _____ in. to <b>.26</b> ft.			
Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL: <b>7</b>	<u>7 PVC</u>	10 Asbestos-cement	
1 Steel	8 RMP (SR)	11 Other (specify) _____	
2 Brass	9 ABS	12 None used (open hole)	
3 Stainless steel			
4 Galvanized steel			
5 Fiberglass			
6 Concrete tile			
SCREEN OR PERFORATION OPENINGS ARE: <b>8</b>	5 Gauzed wrapped	<del>8 Saw cut</del>	11 None (open hole)
1 Continuous slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	7 Torch cut	10 Other (specify) _____	
3 Mill slot			
4 Key punched			
SCREEN-PERFORATED INTERVALS: From <b>75</b> ft. to <b>45</b> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <b>30</b> ft. to <b>75</b> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL: <b>3</b>	1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other _____
Grout Intervals: From <b>0</b> ft. to <b>20</b> ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination: <b>None</b>	10 Livestock pens	14 Abandoned water well		
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	
Direction from well?			How many feet?	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	14	Gumbo			
14	25	Sandy clay			
25	27	Fine sand			
27	30	Sandy clay			
30	45	Fine sand			
45	50	Sand			
50	60	Clay			
60	70	Rock			
70	75	Shale			

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) <b>7/14/98</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>199</b> This Water Well Record was completed on (mo/day/yr) <b>8/3/98</b> under the business name of <b>Karst Water Well Drilling &amp; Service, Inc</b> by (signature) <i>[Signature]</i>
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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.

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