|                        |                |   | WATE   | R WELL RECORD F   | orm WWC-5                               | KSA 82a             |                            |                               |  |  |
|------------------------|----------------|---|--|---|---|---------------------|----------------------------|-------------------------------|--|--|
| _                      | ON OF WAT      |   | Fraction                                       |   |   | tion Number         |                            | Number                        | Range Number                             |  |
| County:                | Pot            | ·   |  | S.E. 14 N.E.  |   | 9                   | т 10                       | S                             | R 12 EXXX                                |  |
| Distance a             | and direction  |   | or city street ac<br>Hiway 24                  | ddress of well if located                                   | within city?                            | S.W. co             | oner of I                  | nt. of S.                     | 9th and                                  |  |
| WATE                   | R WELL OW      |   | ity of St                                      | . Marys   |   |                     |                            |                               |  |  |
| RR#, St.               | Address, Box   |   | t. Marys                                       |   |   |                     | Board of                   | of Agriculture, I             | Division of Water Resources              |  |
| City, State            | , ZIP Code     |   |  |   |   |                     | Applica                    | tion Number:                  |  |  |
| LOCATI                 | E WELL'S LO    |   |  |   |   |                     |                            |                               |  |  |
| - r                    | <u></u>        |   |  |   |   |                     |                            |                               | 2/4/91ti.                                |  |
| t I                    |                |   |  |   |   |                     |                            |                               | mping gpm                                |  |
| [  -                   | NW             | NE  | •  |   |   | •                   | . •                        |                               |  |  |
| 1                      | !              |   |  |   |   |                     |                            | -                             | mping gpm                                |  |
| ≝<br>₩ ►               |                |   |  | -   |   |                     |                            |                               | toft.                                    |  |
| <u>≥</u> .             | -              |   |  |   |   |                     | 8 Air condition            | -                             |  |  |
| I  -                   | - SW           | SE  | 1 Domestic                                     |   |   |                     | -                          |                               | Other (Specify below)                    |  |
|                        | 1              | l 1   | 2 Irrigation                                   |   |   |                     |                            |                               |  |  |
| Į L                    |                |   |  | pacteriological sample su                                   | ibmitted to De                          |                     |                            |                               | mo/day/yr sample was sub-                |  |
|                        |                |   | itted  |   |   |                     | ter Well Disinfe           |                               |  |  |
| _                      |                | CASING USED:  |  | 5 Wrought iron  |   |                     |                            |                               | dxx Clamped                              |  |
| 1 St                   |                | 3 RMP (SR)  |  | 6 Asbestos-Cement   |   | (specify below      | ,                          |                               | ed                                       |  |
| - 2 P\                 |                | 4 ABS   |  | 7 Fiberglass  |   |                     |                            |                               | aded                                     |  |
|                        |                |   |  |   |   |                     |                            |                               | in. to ft.                               |  |
| Casing he              | ight above la  | and surface18.  |  | .in., weight  |   | Ibs./               | ft. Wall thickne           | ss or gauge N                 | oSch. 40                                 |  |
| TYPE OF                | SCREEN O       | R PERFORATION I   | MATERIAL:                                      |   | -7 PV                                   |                     | 10                         | Asbestos-ceme                 | ent                                      |  |
| 1 St                   | eel            | 3 Stainless s   | teel   | 5 Fiberglass  |   |                     |                            |                               |  |  |
| 2 Br                   | ass            | 4 Galvanized  | steel  | 6 Concrete tile   | 9 AB                                    |                     |                            | None used (op                 | •  |  |
| SCREEN                 | OR PERFO       | RATION OPENINGS   | S ARE:   |   | d wrapped                               |                     | 8 Saw cut                  |                               | 11 None (open hole)                      |  |
| 1 Co                   | ontinuous slo  | t 3 Mill  | slot   | 6 Wire w  | rapped                                  |                     | 9 Drilled hol              |                               |  |  |
|                        | uvered shut    | -   | punched  | 7 Torch   |   |                     |                            | • -                           |  |  |
| SCREEN-                | PERFORATI      | ED INTERVALS:   |  |   |   |                     |                            |                               | o  |  |
|                        |                |   |  |   |   |                     |                            |                               | o  |  |
| (                      | GRAVEL PA      | CK INTERVALS:   | From From                                      |   |   |                     | m                          |                               | o  |  |
| 6 GROU                 | T MATERIAL     | .: 1 Neat cer   |  |   |   |                     |                            |                               |  |  |
|                        |                |   |  |   |   |                     |                            |                               | ft. to                                   |  |
|                        |                | ource of possible co                                    |  |   |   |                     |                            |                               | bandoned water well                      |  |
|                        |                | 4 Lateral   |  | 7 Pit privy   |   |                     | -                          |                               | il well/Gas well                         |  |
| 2 Sewer lines 5 Cess p |                |   | _ , ,  |   | nn .                                    | •                   |                            | 16 Other (specify below)      |  |  |
|                        |                | er lines 6 Seepag                                       |  | • •   |   |                     | 13 Insecticide storagenone |                               |  |  |
|                        | from well?     | or integration  | o p.c  | o roodyara  |   | How mai             | •                          | nc                            | ne                                       |  |
| FROM                   | TO             |   | LITHOLOGIC                                     | LOG   | FROM                                    | TO                  | .,                         | PLUGGING I                    | NTERVALS                                 |  |
| 0                      | 4              | Top soil  |  |   |   |                     |                            |                               |  |  |
| 4                      | 27             | Sity, clays   | , and fin                                      | e sands   |   |                     |                            |                               |  |  |
| 27                     | 31             | Fine to coa   |  |   |   |                     |                            |                               |  |  |
| 31                     | 32             | Brown clay  |  |   |   |                     |                            |                               |  |  |
| 32                     | 55             |   | v coarse                                       | sand and grave  | 1                                       |                     |                            |                               |  |  |
| 55                     | 55.5           | Yellow shal   |  | bana ana bravo  | 1                                       |                     |                            |                               |  |  |
|                        | ر.رر           | TOTION BIME   |  |   | 1                                       |                     |                            |                               | ****                                     |  |
|                        |                |   |  |   |   |                     |                            |                               |  |  |
|                        |                |   |  |   |   |                     |                            |                               |  |  |
|                        |                |   |  |   |   |                     |                            |                               |  |  |
|                        |                |   |  |   |   |                     |                            |                               |  |  |
|                        | -              |   |  |   |   |                     |                            |                               |  |  |
|                        |                |   |  |   |   |                     |                            |                               |  |  |
|                        |                |   |  |   |   |                     |                            |                               |  |  |
|                        |                |   |  |   |   |                     |                            |                               |  |  |
|                        | <u> </u>       |   |  |   |   |                     |                            |                               |  |  |
| 7 CONTI                | RACTOR'S       | OR LANDOWNER'S  | CERTIFICATI                                    | ON: This water well wa                                      | s (1) constru                           | cted, (2) reco      | enstructed, or (           | <ol><li>plugged und</li></ol> | der my jurisdiction and was              |  |
|                        |                |   |  |   |   |                     |                            |                               | owledge and belief. Kansas               |  |
| Water We               | II Contractor  | 's License No   | 323  | This Water We   | ell Record wa                           | s completed         | on (mo/day/yr)             | 2/28/91/                      | /  |  |
|                        | business na    |   | bler Dril                                      |   |   | by (signa           |                            | as HIM                        |  |  |
| INSTRI                 | UCTIONS: Use t | ypewriter or ball point pen<br>ent, Bureau of Water Pro | . <u>PLEASE PRESS F</u><br>tection, Topeka, Ka | FIRMLY and PRINT clearly. Pleansas 66620-7320. Telephone: 9 | ase fill in blanks,<br>13-296-5514. Ser | underline or circle | the correct answer         | s. Send top three o           | copies to Kansas Department our records. |  |