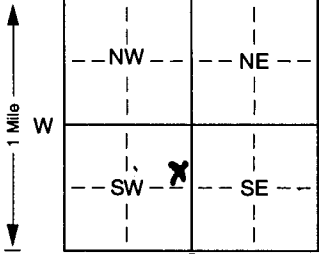


WW246

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

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>WABASH</u>		<u>S 1/2</u> <u>N 1/2</u> <u>SW 1/4</u>	<u>24</u>	T <u>11</u> S	R <u>12</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>FROM MAPLEHILL 1/2 MILE SOUTH 1/4 MILE WEST</u>					
2 WATER WELL OWNER: <u>George Hand</u>		Board of Agriculture, Division of Water Resources Application Number:			
RR#, St. Address, Box # : <u>ROUTE 1, BOX 26</u>					
City, State, ZIP Code : <u>PANAMA, KS. 66526</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>44</u> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered <u>1</u> <u>43</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>2.4</u> ft. below land surface measured on mo/day/yr <u>8/23/01</u> 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 <u>.10</u> in. to <u>44</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <u>1 Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes. _____ No. <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: <u>Glued</u> <u>X</u> Clamped. _____ Welded _____ Threaded _____			
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile					
<u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below)					
7 Fiberglass					
Blank casing diameter <u>0</u> in. to <u>2.4</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SPR 26</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		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) _____ ft.					
SCREEN-PERFORATED INTERVALS: From <u>2.4</u> ft. to <u>44</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>2.3</u> ft. to <u>44</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Sentonite</u> 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>2.3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:		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 <u>16 Other (specify below)</u>					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage <u>NEW CONSTRUCTION</u>					
Direction from well? _____		How many feet? _____			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>35</u>	<u>CLAY</u>			
<u>34</u>	<u>44</u>	<u>GRAVEL</u>			
	<u>44</u>	<u>TD</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/23/01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>585</u> This Water Well Record was completed on (mo/day/yr) <u>8/31/01</u> under the business name of <u>ABSOLUTE SANITATION INC</u> by (signature) <u>[Signature]</u>					
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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					