

Willard

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

1 LOCATION OF WATER WELL:		Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>		Section Number <u>9</u>		Township Number <u>T 13 S</u>		Range Number <u>R 13 E</u>			
County: <u>Wabaunsee</u>											
Distance and direction from nearest town or city street address of well if located within city? <u>Vera Rd + Int 70 = 2 mi South</u>											
2 WATER WELL OWNER: <u>Herb Stuewe</u>											
RR#, St. Address, Box # : _____											
City, State, ZIP Code : <u>Paxico Kansas</u>											
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: <u>51</u> ft. ELEVATION: _____									
		Depth(s) Groundwater Encountered 1. <u>11-13</u> ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL <u>8'</u> ft. below land surface measured on mo/day/yr _____									
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Est. Yield <u>5</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm									
		Bore Hole Diameter <u>8"</u> in. to <u>11</u> ft., and <u>6 1/4</u> in. to <u>51</u> ft.									
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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:											
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued <u>X</u> Clamped _____											
Blank casing diameter <u>5</u> in. to <u>11</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.											
Casing height above land surface <u>24</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)											
SCREEN-PERFORATED INTERVALS: From <u>12</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____											
Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
What is the nearest source of possible contamination:											
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)											
Direction from well? <u>North</u> How many feet? <u>100+</u>											
FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
0		3		TS							
3		11		Clay							
11		13		Lime							
13		19		shale							
19		24		Lime							
24		34		shale							
34		39		lime							
39		42		shale							
42		45		Lime							
45		48		shale							
48		51		Lime							
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>6/1/81</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>316</u> This Water Well Record was completed on (mo/day/yr) <u>2/9/82</u> under the business name of <u>Robin Doring</u> by (signature) <u>Joel Robin</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.											

OFFICE USE ONLY

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EWM

SEC.

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MWD

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