Form WWC-5 KSA 82a-1212 Township Number LOCATION OF WATER WELL: Section Number County: Distance and direction from nearest town or city street address of well if located within city? Maple WATER WELL OWNER: Anderson Co. Hospital Attn: Randy Singer RR#, St. Address, Box # : Board of Agriculture, Division of Water Resources 421 S. Maple, Garnett, KS 66032 Application Number: City, State, ZIP Code LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL. 4.1 .... ft. ELEVATION: AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL .. 4. 26 .. ft. below land surface measured on mo/day/yr 10-29-9-7-NW -NE --Bore Hole Diameter 8.625 in to 4.1 ft., and  $\dots$  in to  $\dots$  in to WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 1 Domestic 3 Feedlot SW SE 7 Lawn and garden only (10) Monitoring well ...., M.W. -. 3..... 2 Irrigation 4 Industrial Was a chemical/bacteriological sample submitted to Department? Yes......No.........X....; If yes, mo/day/yr sample was sub-Water Well Disinfected? Yes --- No TYPE OF BLANK CASING USED: 5 Wrought iron CASING JOINTS: Glued . . . ---- Clamped . . . 8 Concrete tile 1 Steel Welded . . ----3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Threaded... 🗶 ..... 4 ABS 7 Fiberglass Blank casing diameter . . 2 . . . . . in. to . 2 . . . . TYPE OF SCREEN OR PERFORATION MATERIAL: PVC 10 Asbestos-cement 8 RMP (SR) 1 Steel 3 Stainless steel 5 Fiberglass 12 None used (open hole) 4 Galvanized steel 9 ABS 6 Concrete tile 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 8 Saw cut 11 None (open hole) 5 Gauzed wrapped (3) Mill slot 9 Drilled holes 6 Wire wrapped 1 Continuous slot 2 Louvered shutter 4 Key punched SCREEN-PERFORATED INTERVALS: RAVEL PACK INTERVALS: From. . . . . From GROUT MATERIAL Grout Intervals: From. . . (2)Cement grout 3 Bentonite What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 1 Septic tank 4 Lateral lines 7 Pit privy 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage Contr Seta. 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? How many feet? PLUGGING INTERVALS LITHOLOGIC LOG FROM FROM GL 1.00 Soil 1.00 4.00 Clay (CH) 4.00 4.10 Limestone 4.10 End of Borehole 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) ... 10 - 7 - 9 7 ... and this record is true to the best of my knowledge and belief. Kansas 585 .... This Water Well Record was completed on (mo/day/yr) Water Well Contractor's License No. . . under the business name of

ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct Aswers. Send top tipe 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.