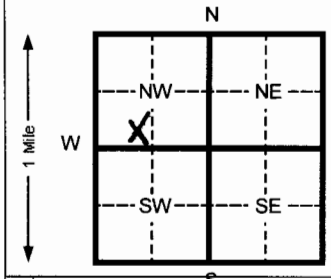
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: **Greenwood** | Fraction: **SE ¼ SW ¼ NW ¼** | Section Number: **18** | Township Number: T **22** S | Range Number: R **12** E

Distance and direction from nearest town or city street address of well if located within city?
**South East of U.S Highway 40**

2 WATER WELL OWNER: **Kansas Department of Health and Environment**
RR#, St. Address, Box # : **1000 SW Jackson St.; Suite 410**
City, State, ZIP Code : **Topeka, KS. 66612-1367**
Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:




4 DEPTH OF COMPLETED WELL **25** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **22.5** ft. 2 ____ Ft. 3 ____ Ft.
WELL'S STATIC WATER LEVEL **12.89** ft. below land surface measured on mo/day/yr **3/4/2010**
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 **6.825** In. to **25** ft. and ____ in. to ____ Ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well **MW-3**
Was a chemical/bacteriological sample submitted to Department? Yes ____ No **X** If yes, mo/day/yr sample was Submitted
Water Well Disinfected? Yes ____ No **X**

OFFICE USE ONLY

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 **Steel** 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded ____
2 **PVC** 4 ABS 7 Fiberglass ____ Threaded **X**
Blank casing diameter **2** in. to **10** Ft., Dia ____ In. to ____ ft., Dia ____ in. to ____ Ft.
Casing height above land surface **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. ____
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 **PVC** 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) ____
SCREEN-PERFORATED INTERVALS: From **10** ft. to **25** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
SAND PACK INTERVALS: From **9** ft. to **25** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.

T

R

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other ____
Grout Intervals From3 **7** ft. to **9** ft. From2 **.5** ft. to **7** ft. From ____ ft. to ____ ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage **Contaminated Site**
Direction from well? How many feet?

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|---|---|---|---|---|---|---|
| 0 | 2 | | Topsoil, silty clay loam, firm | | | |
| 2 | 5 | | Silty Clay (CL), dark brown | | | |
| 5 | 16 | | Silty Clay (CL), firm, moist | | | |
| 16 | 21.5 | | Silty Clay (CL), less firm, moist | | | |
| 21.5 | 25 | | Sandy Clay (SC), brown, soft | | | |
| 25 | TD | | End Borehole | | | |

SEC

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w
Completed on (mo/day/yr) **3/1/2010** And this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **3/22/2010**
Under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send 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.`

Bradley Johnson