

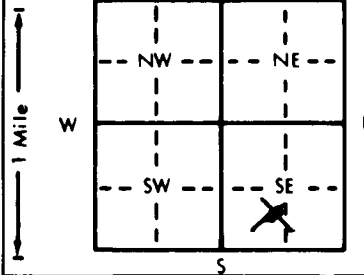
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>Marion</u>	Fraction <u>NW NE Sw NW</u> <u>near 1/4 center</u> SE 1/4	Section Number <u>33 4</u>	Township Number <u>T 22 S</u>	Range Number <u>R 3 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?

In city limits - 610 Popular, Peabody, KS

2 WATER WELL OWNER: <u>Steve Frye</u> RR#, St. Address, Box #: <u>610 Popular</u> City, State, ZIP Code: <u>Peabody, KS</u>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>60</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>6/30/99</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>20-30</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>9</u> in. to <u>60</u> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input checked="" type="checkbox"/> <u>X</u> Lawn and garden only <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> <u>X</u> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> <u>X</u> No
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5 TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile <input checked="" type="checkbox"/> <u>X</u> PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 7 Fiberglass	CASING JOINTS: <input checked="" type="checkbox"/> <u>X</u> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded.
Blank casing diameter <u>5</u> in. to <u>50</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>12</u> in, weight <u>2.37</u> lbs./ft. Wall thickness or gauge No. <u>214</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> <u>X</u> PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 11 Other (specify) _____ <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 12 None used (open hole)	SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> <u>X</u> Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From <u>50</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>60</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	

6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> <u>X</u> Bentonite <input type="checkbox"/> 4 Other _____	Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input checked="" type="checkbox"/> <u>X</u> Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) _____ <input type="checkbox"/> 13 Insecticide storage	Direction from well? <u>East</u> How many feet? <u>30</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	12	Yellow clay & sandstone			
12	30	Fractured Sandstone & limestone			
30	51	Blue Shale with limestone			
51	58	Fractured limestone			
58	60	Blue Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6/30/99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/yr) 7/21/99 under the business name of PETERSON IRRIGATION, INC. by (signature) Mike Peterson

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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