SW SW SW NW WATER WELL RECORD Form WWC-5 KSA 82a-1212 LOCATION OF WATER WELL: Section Number Township Number Range Number County: Marion Distance and direction from nearest town or city street address of well if located within city? 312 Peabody St. RR#, St. Address, Box # Board of Agriculture, Division of Water Resources City, State, ZIP Code Application Number: ft. ELEVATION: 3 LOCATE WELL'S LOCATION WITH 4 Depth(s) Groundwater Encountered 1 42 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 10 ft. below land surface measured on mo/day/yr 6 7 0 3 AN "X" IN SECTION BOX: -- NW --- NE -WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well ..... W Was a chemical/bacteriological sample submitted to Department? Yes ....... No ..........; Lyes, mo/day/yrs sample was sub-SW-- SF -mitted Water Well Disinfected Yes TYPE OF BLANK CASING USED: 5 Wrought iron CASING JOINTS: Glued ........... Clamped ...... 8 Concrete tile 1 Steel 3 RMP (SR) Welded ..... 6 Asbestos-Cement 9 Other (specify below) 2 PVC Threaded..... 4 ABS 7 Fiberglass ...... in. to ...... ft., Dia ..... in. to ..... ft. TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-Cement 11 Other (Specify) ..... 3 Stainless Steel 8 RMP (SR) 1 Steel 5 Fiberglass 4 Galvanized Steel 6 Concrete tile 2 Brass 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 3 Mill slot 1 Continuous slot 7 Torch cut 10 Other (specify) ......ft. 2 Louvered shutter 4 Key punched SCREEN-PERFORATED INTERVALS: From From ....... ft. to ...... ft., From ..... ft. to ..... ft. to ..... ft. GRAVEL PACK INTERVALS: **GROUT MATERIAL:** Neat cement 3 Bentonite 2 Cement grout 4 Other..... Grout Intervals: From ...... 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 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? How many feet? 601 **FROM** TO LITHOLOGIC LOG **FROM** PLUGGING INTERVALS Blue Shale ......... This Water Well Record was completed on (mo/day/yr) ... Water Well Contractor's Licence No .... under the business name of by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please the blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.