Form WWC-5 KSA 82a-1212 ID No. Range Number 1 LOCATION OF WATER WELL: Township Number Fraction Section Number Nex 1/4 County: Sedgwick Distance and direction from nearest town or city street address of well if located within city? 2 WATER WELL OWNER: Board of Agriculture, Division of Water Resources RR#, St. Address, Box # Application Number: AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ... 1, 2.... ft. below land surface measured on mo/day/yr .... 3:5::01........ Pump test data: Well water was ...........ft. after ...... hours pumping ............ gpm ,NE -- -8 Air conditioning 11 Injection well WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 12 Other (Specify below) 1 Domestic 3 Feedlot 6 Oil field water supply 2 Irrigation 4 Industrial SE Was a chemical/bacteriological sample submitted to Department? Yes. . . . . . No. . . . . . ; If yes, mo/day/yrs sample was sub-Water Well Disinfected? Yes 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued. . . . . . Clamped. . . . . TYPE OF BLANK CASING USED: 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 1 Stee Threaded..... 4 ABS 7 Fiberglass TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-cement 8 RMP (SR) 11 Other (specify) . . . . . . . 1 Steel 3 Stainless steel 5 Fiberglass 6 Concrete tile 9 ABS 12 None used (open hole) 2 Brass 4 Galvanized steel 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 SCREEN-PERFORATED INTERVALS: From. . . . <del>. .</del> . . . . . . ft., From . . . . . . . . . . . . . . . . . ft. to. . . . . . . . . . . . . . . . ft. GRAVEL PACK INTERVALS: From..... ج . . . . . ft. to . . ع 3 Bentonite Neat cement 2 Cement grout 22 ...ft., From ..... Grout Intervals: From 3.... 10 Livestock pens 14 Abandoned water well What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 2 Sewer lines 6 Seepage pit 9 Feedyard 3 Watertight sewer lines 13 Insecticide storage Direction from well? How many feet? FROM TO LITHOLOGIC LOG FROM PLUGGING INTERVALS 7 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) . . . 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 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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.