

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

1 LOCATION OF WATER WELL: <b>Sedgwick</b>	FRACTION <b>NE 1/4 NW 1/4 NE 1/4</b>	SECTION NUMBER <b>2</b>	TOWNSHIP NUMBER <b>T 26 S</b>	RANGE NUMBER <b>R 1E E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?

**4401 E. 77th N. Valley Center, Kansas**

2 WATER WELL OWNER: <b>ASHER, Andy</b>	RR#, ST. ADDRESS, BOX #: <b>4401 E. 77th N.</b>	Board of Agriculture, Division of Water Resource
CITY, STATE: <b>Valley Center, Kansas</b>		Application Number:
ZIP CODE:		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <b>40</b> ft. ELEVATION:
	Depth of groundwater Encountered: _____ ft.
	WELL'S STATIC WATER LEVEL <b>6</b> FT. BELOW LAND SURFACE MEASURED ON <b>10/13/16</b>
	Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm
	Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm
	Bore Hole Diameter <b>16</b> in. to <b>40</b> ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS:	
<input checked="" type="checkbox"/> 1. Domestic <input type="checkbox"/> 3. Feedlot <input type="checkbox"/> 5. Public water supply <input type="checkbox"/> 7. Lawn and garden only <input type="checkbox"/> 9. Dewatering <input type="checkbox"/> 11. Injection well <input type="checkbox"/> 2. Irrigation <input type="checkbox"/> 4. Industrial <input type="checkbox"/> 6. Oil field water supply <input type="checkbox"/> 8. Air conditioning <input type="checkbox"/> 10. Monitoring well <input type="checkbox"/> 12. Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> ; If yes, what mo/day/yr was sample submitted _____	
Was Water Well Disinfected? <input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

5 TYPE OF CASING USED:	CASING JOINTS: <input checked="" type="checkbox"/> <b>Glued</b> <input type="checkbox"/> Threaded
<input type="checkbox"/> 1. Steel <input type="checkbox"/> 3. RPM (SR) <input type="checkbox"/> 5. Wrought Iron <input type="checkbox"/> 7. Fiberglass <input checked="" type="checkbox"/> 2. PVC <input type="checkbox"/> 4. ABS <input type="checkbox"/> 6. Asbestos-Cement <input type="checkbox"/> 8. Concrete tile <b>SDR-26</b> <input type="checkbox"/> 9. Other (Specify below) <input type="checkbox"/> Welded <input type="checkbox"/> Clamped	
Blank casing diameter <b>5</b> in. to <b>25</b> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.	
Casing height above land surface: <b>12</b> in., Weight: <b>2.35</b> lbs. / ft. Wall thickness or gauge No. <b>.214</b>	
TYPE OF SCREEN OR PERFORATION MATERIAL:	
<input type="checkbox"/> 1. Steel <input type="checkbox"/> 3. Stainless Steel <input type="checkbox"/> 5. Fiberglass <input checked="" type="checkbox"/> 7. PVC <input type="checkbox"/> 9. ABS <input type="checkbox"/> 11. Other (specify) <input type="checkbox"/> 2. Brass <input type="checkbox"/> 4. Galvanized <input type="checkbox"/> 6. Concrete Tile <input type="checkbox"/> 8. RMP (SR) <input type="checkbox"/> 10. Asbestos-Cement <input type="checkbox"/> 12. None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:	
<input type="checkbox"/> 1. Continuous slot <input type="checkbox"/> 3. Mill slot <input type="checkbox"/> 5. Gauzed wrapped <input type="checkbox"/> 7. Torch cut <input type="checkbox"/> 9. Drilled holes <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 checked="" type="checkbox"/> 8. Saw cut <input type="checkbox"/> 10. Other (specify)	
SCREEN - PERFORATION INTERVAL    From <b>25</b> ft. to <b>40</b> ft.,    From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:    From <b>24</b> ft. to <b>40</b> ft.,    From _____ ft. to _____ ft.	

6 GROUT MATERIALS:	Other <b> Bentonite hole plug</b>
<input type="checkbox"/> 1. Neat cement <input type="checkbox"/> 2. Cement Grout <input type="checkbox"/> 3. Bentonite Grout Intervals: From <b>4</b> ft. to <b>24</b> 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"/> 13. Insecticide storage <input type="checkbox"/> 15. Oil well/Gas well <input type="checkbox"/> 2. Sewer lines <input type="checkbox"/> 5. Cess Pool <input type="checkbox"/> 8. Sewage lagoon <input type="checkbox"/> 11. Fuel storage <input type="checkbox"/> 14. Abandon water well <input type="checkbox"/> 16. Other (specify below) <input type="checkbox"/> 3. Watertight sewer line <input type="checkbox"/> 6. Seepage pit <input type="checkbox"/> 9. Feed yard <input type="checkbox"/> 12. Fertilizer storage <b>None Yet</b>	
Direction from well? _____ How many feet? _____	

From	To	LITHOLOGIC LOG	From	To	LITHOLOGIC LOG
0	3	topsoil			
3	8	clay			
8	12	clay and very fine sand			
12	15	fine sand			
15	23	medium sand			
23	40	gray shale			

7 Contractor's or Landowner's Certification: This water well was 1. <input checked="" type="checkbox"/> <b>constructed</b> 2. <input type="checkbox"/> reconstructed or 3. <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <b>10/13/16</b> and this record is true to the best of my knowledge and belief.	Application Number: _____
Kansas Water Well Contractor's License No. <b>236</b> This water well record was completed on (mo/day/year) <b>10/17/16</b>	by (signature) <b>Todd S. Harp</b>
under the business name of <b>Harp Well and Pump Service</b>	