

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

1 LOCATION OF WATER WELL:		Fraction County: Butler nw <del>NE</del> $\frac{1}{4}$ nw $\frac{1}{4}$ nw $\frac{1}{4}$	Section Number 17	Township Number T 26 S	Range Number R 3e E/W		
Distance and direction from nearest town or city street address of well if located within city? One mile west of Benton, KS on K-254 * Monitor Well #5 (See attached map)							
2 WATER WELL OWNER:		Kansas Dept of Trans, Attn: Kevin Adams		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #:		Docking State Office Bldg.		Application Number: none			
City, State, ZIP Code:		Topeka, Kansas 66612					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL ... 29' ft. ELEVATION: ... na Depth(s) Groundwater Encountered 1. 17.8 ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL ... 17.8 ft. below land surface measured on mo/day/yr 4/19/96 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 ... 3.5 in. to ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: 105 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 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
5 TYPE OF BLANK CASING USED: 2		1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued ..... Clamped .....	
		2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....	
		7 Fiberglass				Threaded .....	
Blank casing diameter ..... 2 in. to 19 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.							
Casing height above land surface ..... 36 in., weight ..... sched. 40 lbs./ft. Wall thickness or gauge No. ....							
TYPE OF SCREEN OR PERFORATION MATERIAL: 7		1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement	
		2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) .....	
		9 ABS				12 None used (open hole) .....	
SCREEN OR PERFORATION OPENINGS ARE: 3		1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole) .....	
		2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes		
		7 Torch cut				10 Other (specify) .....	
SCREEN-PERFORATED INTERVALS: From ..... 19 ft. to ..... 29 (ID) ft., From ..... ft. to ..... ft.							
From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
GRAVEL PACK INTERVALS: From ..... 18 ft. to ..... 29 ft., From ..... ft. to ..... ft.							
From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
6 GROUT MATERIAL: 3		1 Neat cement	2 Cement grout	3 Bentonite	4 Other		
Grout Intervals: From ..... 18 ft. to ..... surface ft., From ..... ft. to ..... 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) .....	
Direction from well?						13 Insecticide storage	UST excavation .....
						How many feet? (See attached map)	
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
0	4	Topsoil		0	17	Bentonite	
4	15	Clay		17	29	Chlorinated sand	
15	29	Sandy, wet clay					
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) 4/19/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/yr) 5/31/96 under the business name of Kansas Dept. of Transportation		by (signature) <i>Kevin Alan</i>					
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.							