

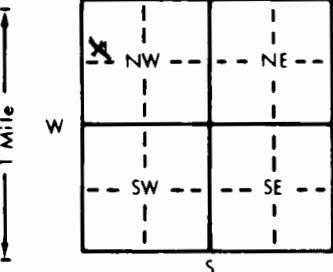
Plagued

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

Form WWC-5 KSA 82a-1212

KSA 82a-1212

w-13

1 LOCATION OF WATER WELL: County: Butler		Fraction SW 1/4 NW 1/4 NW 1/4	Section Number 14	Township Number T 26 S	Range Number R 5 EW			
Distance and direction from nearest town or city street address of well if located within city? Texaco Refining & Marketing								
2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code		Board of Agriculture, Division of Water Resources Application Number: W-13						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL 33.9 ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr 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 in. to ft., and in. to ft. 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 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 No						
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued Clamped Welded Threaded				
Blank casing diameter 4 in. to ft., Dia. in. to ft., Dia. in. to ft.								
Casing height above land surface in., weight		lbs./ft. Wall thickness or gauge No.						
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 2 Brass 4 Galvanized steel		5 Fiberglass 6 Concrete tile	7 PVC 8 RMP (SR) 9 ABS	10 Asbestos-cement 11 Other (specify) (12) None used (open hole) (11) None (open hole)				
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched		5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	8 Saw cut 9 Drilled holes 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.								
6 GROUT MATERIAL: 1 Neat cement Grout Intervals: From 33.9 ft. to 0 ft., From ft. to ft., From ft. to ft.		2 Cement grout 3 Bentonite	4 Other 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage	14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)				
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard How many feet?								
Direction from well?								
FROM		TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
			Plugged 9-18-97		33.9	0	6.5x	
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) 9-18-97 and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. 581 This Water Well Record was completed on (mo/day/year) 8-20-97 under the business name of Layne Western by (signature) Steve McIntrye								
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.								

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) 9-18-97 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 581 This Water Well Record was completed on (mo/day/yr) 10-20-91
under the business name of James Western by (signature) Tom Western

under the business name of Cayenne Museum by (signature) June Shuey
INTERPOLATIONS: Name _____ Address _____
PHONE: (415) 555-1234 FAX: (415) 555-1235 E-MAIL: info@cayenne.com

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.