

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

1 LOCATION OF WATER WELL:	Fraction County: <i>Butler</i>	SW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 13	Township Number T 27 S	Range Number R 3 E/N		
Distance and direction from nearest town or city street address of well if located within city? <i>4-W & 2N of Augusta</i>							
2 WATER WELL OWNER:	<i>Debbie Johnson, Augusta Ray</i>			Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #	<i>7872 SW Cedar Ln, 67010</i>			Application Number:			
City, State, ZIP Code							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:						4 DEPTH OF COMPLETED WELL <i>85</i> ft. ELEVATION: <i>85</i>	
						Depth(s) Groundwater Encountered <i>165</i> ft. 2. ft. 3. ft.	
						WELL'S STATIC WATER LEVEL <i>30</i> ft. below land surface measured on mo/day/yr	
						Pump test data: Well water was ft. after hours pumping gpm Est. Yield <i>50</i> gpm Well water was ft. after hours pumping gpm Bore Hole Diameter <i>95</i> 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 <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted	
						Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
5 TYPE OF BLANK CASING USED:	1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/>		
	<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded <input type="checkbox"/>		
	Blank casing diameter <i>5</i> in. to <i>40</i> ft. Dia <i>18</i> in. to <i>160</i> ft. Dia					Threaded <input type="checkbox"/>	
						lbs./ft. Wall thickness or gauge No. <i>12.14</i>	
TYPE OF SCREEN OR PERFORATION MATERIAL:	1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement		
	2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) <input type="checkbox"/>		
SCREEN OR PERFORATION OPENINGS ARE:	1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole) <input type="checkbox"/>		
	2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	12 None used (open hole) <input type="checkbox"/>		
SCREEN-PERFORATED INTERVALS:	From <i>40</i>	ft. to <i>85</i>	7 Torch cut	10 Other (specify) <input type="checkbox"/>			
GRAVEL PACK INTERVALS:	From	ft. to	ft., From	ft. to	ft.		
	From	ft. to	ft., From	ft. to	ft.		
6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other			
Grout Intervals:	From <i>3</i>	ft. to <i>23</i>	ft., From	ft. to	ft., From	ft. to	
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) <input type="checkbox"/>		
Direction from well?	<i>15</i>	How many feet? <i>90</i>					
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
<i>0</i>	<i>5</i>	<i>Soil</i>					
<i>5</i>	<i>28</i>	<i>Clay</i>					
<i>28</i>	<i>85</i>	<i>Shale + lime</i>					
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) <i>6/21/96</i> and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No. <i>251</i>	This Water Well Record was completed on (mo/day/year) <i>6/29/96</i> by (signature) <i>Charles Winter</i>						
under the business name of <i>Winter Well Drill</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.