

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

1 LOCATION OF WATER WELL: County: Butler		Fraction <b>SW 1/4</b> SW <b>NW 1/4</b> NE <b>1/4</b>	Section Number <b>19</b>	Township Number <b>T 27 S</b>	Range Number <b>R 3 E/W</b>
Distance and direction from nearest town or city street address of well if located within city? <b>316 N. Pinecrest Pl., Andover, KS</b>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		Andrea Clark 316 N. Pinecrest Pl. Andover, KS 67230			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL... <b>80'</b> ft. ELEVATION: ..... Depth(s) Groundwater Encountered <b>22</b> ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr ..... <b>4/10/00</b> 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 ..... <b>80</b> ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: <b>5</b> Public water supply <b>8</b> Air conditioning <b>11</b> Injection well <b>1</b> Domestic <b>3</b> Feedlot <b>6</b> Oil field water supply <b>9</b> Dewatering <b>12</b> Other (Specify below) <b>2</b> Irrigation <b>4</b> Industrial <b>7</b> Lawn and garden only <b>10</b> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... <b>X</b> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <b>X</b> No			
5 TYPE OF BLANK CASING USED: <b>1</b> Steel <b>3</b> RMP (SR) <b>E</b> PVC <b>4</b> ABS		<b>5</b> Wrought iron <b>8</b> Concrete tile <b>6</b> Asbestos-Cement <b>9</b> Other (specify below) <b>7</b> Fiberglass	CASING JOINTS: Glued <b>X</b> Clamped ..... Welded ..... Threaded .....		
Blank casing diameter ..... <b>5</b> in. to ..... <b>60</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.		Casing height above land surface ..... <b>12</b> in., weight ..... lbs./ft. Wall thickness or gauge No. <b>SDR26</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL: <b>1</b> Steel <b>3</b> Stainless steel <b>5</b> Fiberglass <b>8</b> RMP (SR) <b>2</b> Brass <b>4</b> Galvanized steel <b>6</b> Concrete tile <b>9</b> ABS		<b>7</b> PVC <b>10</b> Asbestos-cement <b>11</b> Other (specify) ..... <b>12</b> None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: <b>1</b> Continuous slot <b>3</b> Mill slot <b>5</b> Gauzed wrapped <b>8</b> Saw cut <b>11</b> None (open hole) <b>2</b> Louvered shutter <b>4</b> Key punched <b>6</b> Wire wrapped <b>9</b> Drilled holes <b>10</b> Other (specify) .....					
SCREEN-PERFORATED INTERVALS: From ..... <b>60</b> ft. to ..... <b>80</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.		From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
GRAVEL PACK INTERVALS: From ..... <b>20</b> ft. to ..... <b>80</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.		From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
6 GROUT MATERIAL: <b>1</b> Neat cement <b>2</b> Cement grout <b>3</b> Bentonite <b>4</b> Other ..... Grout Intervals: From ..... <b>4</b> ft. to ..... <b>20</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination: <b>1</b> Septic tank <b>4</b> Lateral lines <b>7</b> Pit privy <b>10</b> Livestock pens <b>14</b> Abandoned water well <b>2</b> Sewer lines <b>5</b> Cess pool <b>8</b> Sewage lagoon <b>11</b> Fuel storage <b>15</b> Oil well/Gas well <b>3</b> Watertight sewer lines <b>6</b> Seepage pit <b>9</b> Feedyard <b>12</b> Fertilizer storage <b>16</b> Other (specify below) How many feet?					
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	22	Clay			
22	34	Shale			
34	38	Lime			
38	48	Shale			
48	58	Lime and Shale			
58	80	Lime and Cherty Lime			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, <b>(2)</b> reconstructed or <b>(3)</b> plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>4/10/00</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... <b>171</b> ..... This Water Well Record was completed on (mo/day/year) ..... <b>4/30/00</b> ..... under the business name of <b>G&amp;S Drilling, Inc.</b> by (signature)					
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.					