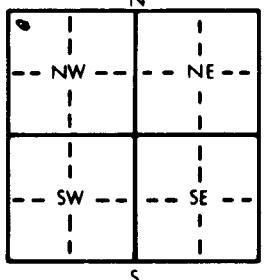


D Form WWC-5 KSA 82a-1212

KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>Butler</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>16</u>	Township Number <u>T 27 S</u>	Range Number <u>R 3E</u> <u>E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>SE Genesee 13th St & Prairie Creek Rd. (North Well)</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	DRC Martine <u>1236 N. Prairie Creek Rd</u> <u>Andover KS 67002</u>				Board of Agriculture, Division of Water Resources Application Number:
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:					4 DEPTH OF COMPLETED WELL <u>78</u> ft. ELEVATION: ft. ft. ft. ft. ft. ft.
	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. ft.				
	WELL'S STATIC WATER LEVEL <u>10</u> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>				
5 TYPE OF BLANK CASING USED:	1 Steel <input type="checkbox"/> 2 PVC <input checked="" type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS <input type="checkbox"/>	5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/>	8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/>	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded <input type="checkbox"/>	
Blank casing diameter <u>5</u> in. to <u>58</u> ft. Dia. in. to ft., Dia. in. to ft.					
Casing height above land surface <u>18</u> in., weight lbs./ft. Wall thickness or gauge No. <u>SDR 24</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:	1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/>	5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/>	7 PVC <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS <input type="checkbox"/>	10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole) <input type="checkbox"/>	
SCREEN OR PERFORATION OPENINGS ARE:	1 Continuous slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched <input type="checkbox"/>	5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/>	8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/>	11 None (open hole) <input type="checkbox"/>	
SCREEN-PERFORATED INTERVALS: From <u>58</u> ft. to <u>78</u> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>78</u> ft., From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <input type="checkbox"/>					
Grout Intervals: From <u>4</u> ft. to <u>15</u> ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:	1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/>	7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/>	10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/>	14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/>	
Direction from well?	How many feet?				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Clay			
15	24	Shale			
24	27	Lime			
27	38	Shale			
38		Lost circulation - no returns			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-20-00</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>171</u> This Water Well Record was completed on (mo/day/year) <u>12-20-00</u> by (signature) <u>John</u>					
under the business name of <u>G&S Drilling Inc</u>					

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) 11-20-00 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 17 This 12-20-00
under the business name of GTS Drills Inc. This 12-20-00
completed on (mo/day/year) and this record was completed on (mo/day/year) by (signature) 17

under the business name of get well the by (signature) WHD

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.