

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

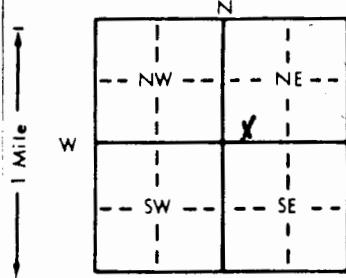
1 LOCATION OF WATER WELL:	Fraction County: Butler	SW $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 27	Township Number T 27 S	Range Number R 3 EW
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Distance and direction from nearest town or city street address of well if located within city?

1 mile south of Andover, 2 miles east on Northside

2 WATER WELL OWNER:	R. Bruce Greene	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #:	2626 E. Harry St.	Application Number:
City, State, ZIP Code:	Andover, KS 67002	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL.....100..... ft. ELEVATION:.....
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	Depth(s) Groundwater Encountered 1. 80 ft. 2. ft. 3. ft.
	WELL'S STATIC WATER LEVEL ... 20 ... ft. below land surface measured on mo/day/yr
	Pump test data: Well water was ft. after hours pumping gpm
	Est. Yield .. 60 .. gpm: Well water was ft. after hours pumping gpm
	Bore Hole Diameter .. 12 .. in. to ft. and in. to ft.
	WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
	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:	5 Wrought iron 8 Concrete tile Casing joints: Glued Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded	
2 PVC 4 ABS 7 Fiberglass Threaded	

Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface.....12..... in., weight .. 160 .. lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:	1 PVC 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
1 Steel 3 Stainless steel 6 Concrete tile 9 ABS 11 Other (specify)	
2 Brass 4 Galvanized steel 5 Gauzed wrapped 8 Saw cut 11 None (open hole)	
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 12 None used (open hole)	
3 Mill slot 7 Torch cut 10 Other (specify)	

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot 2 Mill slot 3 Louvered shutter 4 Key punched
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SCREEN-PERFORATED INTERVALS: From.....80..... ft. to 100 ft., From ft. to ft.

From..... ft. to ft., From..... ft. to ft.

GRAVEL PACK INTERVALS: From.....20..... ft. to 100 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.....3..... ft. to 20 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)
4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 10 Other (specify)

Direction from well?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	dirt			
3	10	gum to clay			
10	15	light grey shale			
15	70	yellow & clay			
70	100	shaly lime			

RECEIVED

SEP 01 2004

BUREAU OF WATER

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) **7/4/04** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **943** This Water Well Record was completed on (mo/day/year) **8/28/04** by (signature) **Leanne Kessinger**

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.