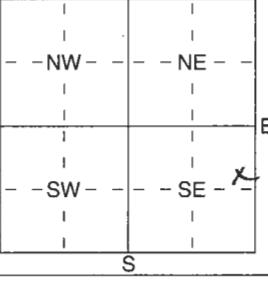


WATER WELL RECORD      Form WWC-5      KSA 82a-1212      ID No. \_\_\_\_\_

KSA 82a-1212 ID No.

ID No.

1	LOCATION OF WATER WELL: County: <b>Butler</b>	Fraction <b>SE 1/4 SW 1/4 SE 1/4</b>	Section Number <b>28</b>	Township Number <b>T 27S S</b>	Range Number <b>R 3E E/W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>353 Pitchers Ct, Andover</b>						
2	WATER WELL OWNER: RR#, St. Address, Box # : <b>353 Pitchers Ct.</b>	Board of Agriculture, Division of Water Resources Application Number:				
City, State, ZIP Code : <b>Andover, KS</b>						
3	LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL ..... <b>90</b> ft. ELEVATION: .....				
		Depth(s) Groundwater Encountered 1 ..... <b>33</b> ft. 2 ..... ft. 3 ..... ft. 4 ..... ft. WELL'S STATIC WATER LEVEL ..... <b>33</b> 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 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 Domestic (lawn & garden) 10 Monitoring well  Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No				
5	TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> 3 RMP (SR) 2 PVC <input checked="" type="checkbox"/> 4 ABS	5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded .....		
Blank casing diameter ..... <b>5</b> in. to ..... ft.		90	ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.			
Casing height above land surface ..... <b>16</b> in., weight ..... <b>160</b>			7 PVC	lbs./ft. Wall thickness or guage No. <b>26</b>		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 8 Saw cut 11 None (open hole) 2 Brass 4 Galvanized Steel 6 Concrete tile 9 Drilled holes 10 Asbestos-Cement 11 Other (Specify) ..... 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Guazed wrapped 8 Saw cut 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) ..... ft.						
SCREEN-PERFORATED INTERVALS: From ..... <b>50</b> ft. to ..... <b>90</b> ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.						
GRAVEL PACK INTERVALS: From ..... <b>24</b> ft. to ..... <b>90</b> ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.						
6	GROUT MATERIAL: Grout Intervals: From ..... <b>4</b> ft. to ..... <b>24</b> ft., From ..... ft. to ..... ft.	2 Cement grout 3 Bentonite	4 Other ..... 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 <input checked="" type="checkbox"/> 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)						
Direction from well? <b>East</b> How many feet? <b>37</b>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
0	2	topsoil				
2	8	Clay				
8	41	Shale				
41	47	limestone				
47	51	Shale				
51	53	limestone				
53	90	Shale				
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) <b>1.4.05</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's Licence No. <b>671</b>			This Water Well Record was completed on (mo/day/yr) <b>2.2.05</b> by (signature) <b>R. Chase</b>			
INSTRUCTIONS: Use typewriter or ball point pen. <b>PLEASE PRESS FIRMLY</b> and <b>PRINT</b> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.						

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) 1/4/05 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's Licence No Cell This Water Well Record was completed on (mo/day/yr) 2/2/05 by (signature) R. G. L.

under the business name of Chase Drilling by (signature) R. Chase

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.