

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

1 LOCATION OF WATER WELL:	Fraction County: <i>Butler</i>	Section Number 15	Township Number T 27 S	Range Number R 3 EW
Distance and direction from nearest town or city street address of well if located within city? <i>From Andover road &amp; 13th 2 miles E 1/2 east side</i>				
2 WATER WELL OWNER:	<i>Leslie Mangus</i>		Board of Agriculture, Division of Water Resources	
RR#, St. Address, Box #	<i>115 N. Prairie Creek rd</i>		Application Number:	
City, State, ZIP Code	<i>Andover KS</i>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL ..... 80 ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. 20 ft. 2. ..... ft. 3. ..... ft. WELL'S STATIC WATER LEVEL ..... 30 ft. below land surface measured on mo/day/yr 3/17/94 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 ..... 10 in. to ..... ft., and ..... in. to ..... ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 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 Domestic			
	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 <i>Glued</i> ..... Clamped ..... 6 Asbestos-Cement 9 Other (specify below) Welded ..... 4 ABS 7 Fiberglass Threaded ..... Blank casing diameter ..... 5 in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.			
Casing height above land surface ..... 12 in., weight ..... lbs./ft. Wall thickness or gauge No. ....				
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) ..... 12 None used (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:				
1 Continuous slot 2 Louvered shutter 3 Key punched 4 Mill slot 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 11 None (open hole) 9 Drilled holes 10 Other (specify) .....				
SCREEN-PERFORATED INTERVALS: From ..... 60 ft. to ..... 80 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.				
GRAVEL PACK INTERVALS: From ..... 20 ft. to ..... 80 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.				
6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 <i>Bentonite</i>	4 Other .....
Grout Intervals: From ..... 3 ft. to ..... 20 ft., From ..... ft. to ..... 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) 13 Insecticide storage				
Direction from well? <i>East</i> How many feet? <i>50 +</i>				
FROM	TO	LITHOLOGIC LOG	FROM	TO
0	3	<i>earth</i>		
3	8	<i>green shale</i>		
8	16	<i>brown shale</i>		
16	48	<i>yellow shale</i>		
48	60	<i>red bed</i>		
60	80	<i>shaly 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) *3/17/94* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *493* This Water Well Record was completed on (mo/day/yr) *3/16/94* by (signature) *Leslie Mangus*

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.