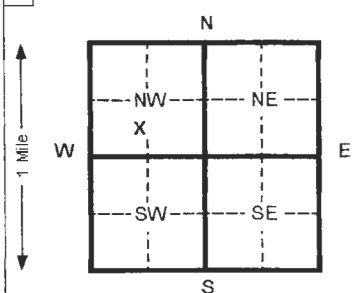
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: **SEDGWICK** | Fraction: **SE** ¼ **SW** ¼ **NW** ¼ | Section Number: **31** | Township Number: T **28S** S | Range Number: R **1E** E/W

Distance and direction from nearest town or city street address of well if located within city?
568 CALEB; HAYSVILLE

2 WATER WELL OWNER: **CHARLES WILLIAM**
RR#, St. Address, Box # : **568 CALEB**
City, State, ZIP Code : **HAYSVILLE, KS**
Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **60** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **17** ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **17** ft. below land surface measured on mo/day/yr **9/14/04**
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 **60** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued **X** Clamped _____ Welded _____ Threaded _____
Blank casing diameter **5** in. to **60** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **16** in., weight **160** lbs./ft. Wall thickness or gauge No. **26**

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From **30** ft. to **40** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **24** ft. to **60** 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 **4** ft. to **24** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)
Direction from well? **NORTH** How many feet? **39**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2		TOPSIL			
2	22		BROWN CLAY			
22	37		MED/COARSE SAND/GRAVEL			
37	60		BLUE SHALE			

RECEIVED
OCT 11 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/yr) **9/14/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **611** This Water Well Record was completed on (mo/day/yr) **10/3/04** under the business name of **CHASE DRILLING** by (signature) R Chase

INSTRUCTIONS:. *Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.*

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