

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																					
County: SERGWICK		NW 1/4 SW 1/4 NW 1/4		5		T 29 S		R 1E E/W																																					
Distance and direction from nearest town or city street address of well if located within city? E SIDE S. MAIN 354 TURKLE																																													
2 WATER WELL OWNER:		WALTERS - MORCAN INC.																																											
RR#, St. Address, Box #:		PO Box 1627																																											
City, State, ZIP Code:		MANAATTAN KS 66502																																											
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: 30 ft. ELEVATION:																																											
		Depth(s) Groundwater Encountered 1. 17 ft. 2. 4-18-84 ft. 3. 4-18-84 ft.																																											
		WELL'S STATIC WATER LEVEL 17 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 <u>Dewatering</u> 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well																																											
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:																																													
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____																																													
Blank casing diameter 12 in. to 18 in. Dia _____ in. to _____ in. Dia _____ in. to _____ in.																																													
Casing height above land surface Removal in., weight _____ lbs./ft. Wall thickness or gauge No. _____																																													
TYPE OF SCREEN OR PERFORATION MATERIAL:																																													
1 <u>Steel</u> 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 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 <u>Louvered shutter</u> 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____																																													
SCREEN-PERFORATED INTERVALS: From 18 ft. to 30 ft., From _____ ft. to _____ ft.																																													
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																													
6 GROUT MATERIAL:																																													
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: 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? _____ How many feet? _____																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>15</td> <td>05 SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>0</td> <td>01 CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">Due to soil and weather conditions, wells caved in and were topped off with native topsoil and compacted.</td> </tr> <tr> <td colspan="6">City of Haysville, Kansas</td> </tr> <tr> <td colspan="6">EPA Project No. C200685</td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	30	15	05 SAND				15	0	01 CLAY				Due to soil and weather conditions, wells caved in and were topped off with native topsoil and compacted.						City of Haysville, Kansas						EPA Project No. C200685					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG																																								
30	15	05 SAND																																											
15	0	01 CLAY																																											
Due to soil and weather conditions, wells caved in and were topped off with native topsoil and compacted.																																													
City of Haysville, Kansas																																													
EPA Project No. C200685																																													
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) 4-18-84 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 4-30-84 under the business name of _____ by (signature) <i>[Signature]</i>																																													
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.																																													