

EW 17 + 93

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

1 LOCATION OF WATER WELL: Fraction		Section Number	Township Number	Range Number				
County: <u>SEDGWICK</u> <u>SW 1/4 NW 1/4 NW 1/4</u>		<u>5</u>	T <u>29</u> S	R <u>1E</u> E/W				
Distance and direction from nearest town or city street address of well if located within city? <u>SE CORNER E 2ND & MAIN</u>								
2 WATER WELL OWNER: <u>WALTERS - MORGAN INC.</u>								
RR#, St. Address, Box #: <u>PO Box 1687</u>			Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: <u>MANHATTAN KS 66502</u>			Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>30</u> ft. ELEVATION:						
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.		
		NW	NE					
		SW	SE					
		WELL'S STATIC WATER LEVEL <u>16</u> ft. below land surface measured on mo/day/yr <u>4-17-84</u>						
		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:						
1 Domestic <u>WKS</u>		5 Public water supply	8 Air conditioning	11 Injection well				
2 Irrigation		3 Feedlot	6 Oil field water supply	9 Dewatering				
4 Industrial		7 Lawn and garden only	10 Observation well	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:								
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 <u>12</u> in. to <u>18</u> ft., Dia in. to ft., Dia in. to ft.								
Casing height above land surface <u>Removed</u> 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 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)								
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes								
7 Torch cut 10 Other (specify)								
SCREEN-PERFORATED INTERVALS: From <u>18</u> ft. to <u>30</u> ft., From ft. to ft.								
From ft. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From ft. to 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 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?								
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG			
<u>30</u>	<u>3</u>	<u>05 SAND</u>						
<u>30</u>	<u>0</u>	<u>01 TOPSOIL</u>						
Due to soil and weather conditions, wells caved in and were topped off with native topsoil and compacted.								
City of Haysville, Kansas.								
EPA Project C 200685								
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) <u>4-17-84</u> 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) <u>4-30-84</u>								
under the business name of by (signature) <u>[Signature]</u>								
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.								