

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

1 LOCATION OF WATER WELL: Sedgwick	FRACTION SW 1/4 SW 1/4 NE 1/4	SECTION NUMBER 32	TOWNSHIP NUMBER T 29 S	RANGE NUMBER R 2E E/W																																																																																																												
Distance and direction from nearest town or city street address of well if located within city? 709 Rivera Mulvane, Kansas																																																																																																																
2 WATER WELL OWNER: CRABTREE, Bob RR#, ST. ADDRESS, BOX #: 709 Rivera CITY, STATE: Mulvane, Kansas																																																																																																																
Board of Agriculture, Division of Water Resource Application Number:																																																																																																																
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																																																																																																
4 DEPTH OF COMPLETED WELL: 52 ft. ELEVATION: _____ ft. Depth of groundwater Encountered: _____ ft. WELL'S STATIC WATER LEVEL 30 FT. BELOW LAND SURFACE MEASURED ON 6/11/04 Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm Bore Hole Diameter 12 in. to 52 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only 9. Dewatering 11. Injection well 2. Irrigation 4. Industrial 6. Oil field water supply 8. Air conditioning 10. Monitoring well 12. Other (Specify below) Was a chemical/bacteriological sample submitted to Department? YES NO If yes, what mo/day/yr was sample submitted _____ Was Water Well Disinfected? YES NO																																																																																																																
5 TYPE OF CASING USED: 1. Steel 3. RPM (SR) 5. Wrought Iron 7. Fiberglass 9. Other (Specify below) CASING JOINTS: Glued Threaded 2. PVC 4. ABS 6. Asbestos-Cement 8. Concrete tile SDR-26 Welded Clamped Blank casing diameter 5 in. to 32 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height above land surface: 12 in., Weight: 2.35 lbs. / ft. Wall thickness or gauge No. .214 TYPE OF SCREEN OR PERFORATION MATERIAL: 1. Steel 3. Stainless Steel 5. Fiberglass 7. PVC 9. ABS 11. Other (specify) 2. Brass 4. Galvanized 6. Concrete Tile 8. RMP (SR) 10. Asbestos-Cement 12. None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1. Continuous slot 3. Mill slot 5. Gauzed wrapped 7. Torch cut 9. Drilled holes 11. None (open hole) 2. Louvered shutter 4. Key punched 6. Wire wrapped 8. Saw cut 10. Other (specify) SCREEN - PERFORATION INTERVAL From 32 ft. to 52 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 24 ft. to 52 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																																																																
6 GROUT MATERIALS: 1. Neat cement 2. Cement Grout 3. Bentonite Other bentonite hole plug 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 4. Lateral lines 7. Pit privy 10. Livestock pens 13. Insecticide storage 15. Oil well/Gas well 2. Sewer lines 5. Cess Pool 8. Sewage lagoon 11. Fuel storage 14. Abandon water well 16. Other (specify below) 3. Watertight sewer line 6. Seepage pit 9. Feed yard 12. Fertilizer storage Direction from well? South How many feet? 90																																																																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> <th style="width: 40%;">LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>4</td> <td>topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>25</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>25</td> <td>35</td> <td>fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>52</td> <td>shale</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					From	To	LITHOLOGIC LOG	From	To	LITHOLOGIC LOG	0	4	topsoil				4	25	clay				25	35	fine sand				35	52	shale																																																																																	
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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) 6/11/2004 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This water well record was completed on (mo/day/year) 6/14/2004 under the business name of Harp Well & Pump Service Inc. by (signature) <i>Jo d d S. Harp</i>																																																																																																																