

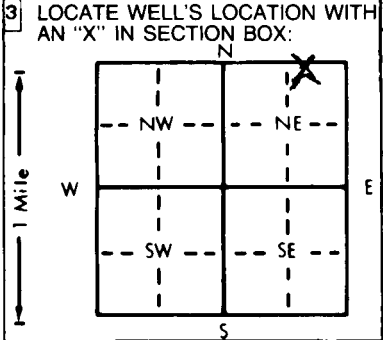
MW-1-5

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

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>WASH WBTION</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>28</u>	<u>T 2 S</u>	<u>R 1 EW</u>

Distance and direction from nearest town or city street address of well if located within city? LOCATED 539 FEET WEST OF MAIN AND KAWDID FEET SOUTH OF MAIN IN HADDAM, KS

2 WATER WELL OWNER: <u>KANSAS DEPT OF HEALTH AND ENVIRONMENT</u>	<u>MW-1-5</u>
RR#, St. Address, Box #: <u>FORBES FIELD BLOB 740</u>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code: <u>TOPEKA, KS 66620</u>	Application Number:



4 DEPTH OF COMPLETED WELL: <u>45'</u> ft.	ELEVATION: <u>1434.36 (T.O.C)</u>
Depth(s) Groundwater Encountered 1. <u>40</u> ft. 2. _____ ft. 3. _____ ft.	
WELL'S STATIC WATER LEVEL: <u>37.08</u> ft. below land surface measured on mo/day/yr <u>04/15/98</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: <u>8 1/4</u> in. to <u>4 1/2</u> 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 Dewatering
12 Other (Specify below)	
2 Irrigation	4 Industrial
7 Lawn and garden only	<input checked="" type="checkbox"/> Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter: <u>2</u> in. to <u>2 1/2</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			Threaded _____
Casing height above land surface: <u>N/A</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:	<input checked="" type="checkbox"/> PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
11 Other (specify) _____			
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	<input checked="" type="checkbox"/> Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) <u>0/0</u>
SCREEN-PERFORATED INTERVALS: From <u>7 1/2</u> ft. to <u>2 1/2</u> ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>4 1/2</u> ft. to <u>2 1/2</u> ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other _____
Grout Intervals: From <u>2 1/2</u> 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)
Direction from well? <u>NORTH</u>			13 Insecticide storage	<u>GRAIN SILD</u>
			How many feet? <u>150</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>45</u>	<u>Brn Sandy Silt</u>			

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>4-14-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>568</u> This Water Well Record was completed on (mo/day/yr) <u>4-15-98</u> under the business name of <u>Max's</u> by (signature) <u>David Hough</u>
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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.