

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

1 LOCATION OF WATER WELL:		Fraction SE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 1	Township Number T 2 S	Range Number R 14 E/W																																																												
Distance and direction from nearest town or city street address of well if located within city? 304 N. 11th, Sabetha, KS.																																																																	
2 WATER WELL OWNER:		City of Sabetha P.O. Box 187 Sabetha, Ks. 66534		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 15' ft. ELEVATION: ..... Depth(s) Groundwater Encountered 10' ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL 1.21 ft. below land surface measured on mo/day/yr 3-1-99 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 8 $\frac{1}{2}$ " in. to 15' 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 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ..... If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																															
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 ..... Clamped ..... Welded ..... Threaded <input checked="" type="checkbox"/>																																																												
Blank casing diameter 2.375 in. to 5' ft. Dia. ..... in. to ..... ft. Dia. ..... in. to SDR 13 ft. Casing height above land surface Flush Mt. in., weight ..... lbs./ft. Wall thickness or gauge No. SCh. 40																																																																	
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) ..... ft. to ..... ft. From ..... ft. to ..... ft.																																																																	
SCREEN-PERFORATED INTERVALS: From 15' ft. to 5' ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft.																																																																	
GRAVEL PACK INTERVALS: From 15' ft. to 4' 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 3' ft., From 3' ft. to 0' 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) 10 Insecticide storage How many feet? 40'																																																																	
Direction from well? North west																																																																	
<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1.50</td> <td>Ls.Rx. gravel, packed, moist, no odor.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.50</td> <td>6</td> <td>Dk blk-blue silty clay to clay, mod. odor, damp, firm.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>10</td> <td>Green gray brn-green clay, tight, moist to wet at 10', mod. odor, firm.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>15</td> <td>Brn clay till, tight, no odor.</td> <td></td> <td></td> <td>Fl. mt. ok'd by Don Taylor</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	1.50	Ls.Rx. gravel, packed, moist, no odor.				1.50	6	Dk blk-blue silty clay to clay, mod. odor, damp, firm.				6	10	Green gray brn-green clay, tight, moist to wet at 10', mod. odor, firm.				10	15	Brn clay till, tight, no odor.			Fl. mt. ok'd by Don Taylor																														
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS																																																												
0	1.50	Ls.Rx. gravel, packed, moist, no odor.																																																															
1.50	6	Dk blk-blue silty clay to clay, mod. odor, damp, firm.																																																															
6	10	Green gray brn-green clay, tight, moist to wet at 10', mod. odor, firm.																																																															
10	15	Brn clay till, tight, no odor.			Fl. mt. ok'd by Don Taylor																																																												
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) 2-8-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 539 This Water Well Record was completed on (mo/day/yr) 3-9-99 by (signature) James Bicker																																																																	
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.																																																																	