r			WATE	R WELL RECORD	Form WWC-5		-1212		
1 LOCAT	ON OF WAT Washing	TER WELL:	Fraction	an a	Sec	ction Number	Township Number	Range Number	
				SE 1/4 S		30	т 2 s	R 3 (E)W	
Distance and direction from nearest town or city street address of well if located within city?									
3 miles West 1North 3/4 West Of Washington, Kansas									
2 WATER WELL OWNER: Maryin Stigge									
R.R# 2  Ref. St. Address, Box # Washington, Kansas 66968  Board of Agriculture, Division of Water Resources									
l .	e, ZIP Code	wasnin	ig con, ka	lisas 00900			Application Number:	The second of th	
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL 100 ft. ELEVATION: 132									
H AN "X"	IN SECTION								
Depth(s) Groundwater Encountered 1									
†	WELL'S STATIC WATER LEVEL 45 ft. below land surface measured on mo/day/yr 7-7-1986								
.	Pump test data: Well water was ft. after hours pumping gpr								
	Est. Yield gpm: Well water was ft. after hours pumping gr								
Mile M	W I I Bore Hole Diameter . 10 in. to 100 ft., and in. to								
₹ "	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							Injection well	
17	1 Domestic X 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Ot						Other (Specify below)		
	3	1	2 Irrigation	4 Industrial	7 Lawn and	garden only 1	0 Observation well		
	Was a chemical/bacteriological sample submitted to Department? YesNoX; If yes, mo/day/yr sample wa							s, mo/day/yr sample was sub-	
\$ mitted Water Well Disinfected? Yes XX No									
5 TYPE	OF BLANK C	ASING USED:		5 Wrought iron	8 Concr			d .XClamped	
1 SI	teel	3 RMP (SR)		6 Asbestos-Cement		(specify below		ded	
2 P	$_{VC}$ $\mathbf{x}\mathbf{x}$	4 ADO							
Blank cas	ing diameter	5 in	<sub>to</sub> 85	ft Dia	in to		ft Dia	in to	
Blank casing diameter 5 in to 85 ft., Dia in to ft. Casing height above land surface 24 in, weight 200 lbs./ft. Wall thickness or gauge No.									
TVDE OF	SCREEN OF	R PERFORATION M	AATEDIAL	ini., weight					
1 St		3 Stainless st	7 PVC X 5 Fiberglass 8 RMP (SR)			10 Asbestos-cement			
				5 Fiberglass		•	• • • • • • • • • • • • • • • • • • • •	)	
2 Brass 4 Galvanized steel SCREEN OR PERFORATION OPENINGS ARE:				6 Concrete tile 9 ABS		12 None used (o	·		
			—-		ed wrapped		8 Saw cut X 11 None (open hole)		
	ontinuous slo				6 Wire wrapped 9 Drilled				
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From 65 ft. to 5 ft., From ft. to 65									
1 10111									
GRAVEL PACK INTERVALS: From 1.0 ft. to 85 ft., From ft. to ft.									
								to ft.	
6 GROU	T MATERIAL	: 1 Neat cem	nent	2 Cement grout	3 Bento	onite XX 4	Other		
Grout Intervals: From 0									
What is the nearest source of possible contamination:  10 Livestock pens  14 Abandoned water well **									
1 Se	eptic tank	4 Lateral li	ines	7 Pit privy		11 Fuel s	storage 15 (	Dil well/Gas well	
2 Sewer lines 5 Cess pool							•	Other (specify below)	
3 Watertight sewer lines 6 Seepage pit				9 Feedyard					
	from well?	SE		•		How mar	17.		
FROM	ТО		LITHOLOGIC	LOG	FROM	TO TO	LITHOLOG	SIC LOG	
0	2	top soil				1			
2	5	yellow cl	lav						
<u>2</u> 5	13	tan clay							
	39	sandstone	3	<del></del>		<del>                                     </del>			
13 39	41	blue clay			+				
114	<del></del>				1				
41 57	57 60	sandstone blue cla				<del> </del>			
)(	T								
60 65	65 68	sandstone				<del>                                     </del>			
05		blue clay	· · · · · · · · · · · · · · · · · · ·			1			
68	100	sandstone	<b>}</b>						
						<u> </u>			
						$\perp$			
		-							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed or (3) plugged under my jurisdiction and was									
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)									
		s Licence No	2 <b>3</b> 4d						
Discovery Control of the Control of									
INSTRUC	Dusiness nar	typewriter or hall point	Nation Please	L DBESS EIDMI A	1 DDINT alaas	Dy (signat	ure) ( ) ) ) ) July July blanks, underline ar grade th	Stron	
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or girgle 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.									