

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

<b>1 LOCATION OF WATER WELL:</b>	Fraction NW 1/4 NW 1/4 NW 1/4	Section Number 6	Township Number T 35 S	Range Number R 4 <b>E</b> W
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Distance and direction from nearest town or city street address of well if located within city?  
**1800 South Summit, Arkansas City, Kansas MW4**

<b>2 WATER WELL OWNER:</b>	<b>John Morrell &amp; Company</b>	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # :	<b>805 East Kemper Road</b>	
City, State, ZIP Code :	<b>Springdale, Ohio 45246</b>	

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL: 22 ft. ELEVATION:</b>
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Depth(s) Groundwater Encountered 1. 12 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL 11.17 ft. below land surface measured on mo/day/yr 02-18-93

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 7 5/8 in. to 22 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		<b>10 Monitoring well</b>
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X**; If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No **X**

<b>5 TYPE OF BLANK CASING USED:</b>	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
<b>2</b> PVC	4 ABS	7 Fiberglass	Welded _____ Threaded <b>X</b>
Blank casing diameter <u>2</u> in. to <u>7</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.			
Casing height above land surface <u>36</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>	<b>7</b> PVC	10 Asbestos-cement	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
			11 Other (specify) _____
			12 None used (open hole)
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	<b>3</b> Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>7</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft.			
<b>GRAVEL PACK INTERVALS:</b> From <u>6</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft.			

<b>6 GROUT MATERIAL:</b>	1 Neat cement	<b>2</b> Cement grout	<b>3</b> Bentonite	4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>6</u> 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
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	<b>11</b> Fuel storage
	3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide storage
Direction from well? <u>northwest</u>				14 Abandoned water well
				15 Oil well/Gas well
				16 Other (specify below)
				How many feet? <u>150</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	SND, MED BRN, F-M, CLYEY			ID # 00087168 ABOVE GROUND COVER
5	7	SND, LT BRN, F-M			
7	10	SND, ORANGE, F-C			
10	12	SND, LT BRN, F-C, W/2" BLK STRINGERS			
12	15	SND, BRN-GY BRN, F-C/TR F GVL, SAT			
15	22	SND, GY BRN, F TO C/F TO C GVL			

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>1</b> constructed, <b>2</b> reconstructed, or <b>3</b> plugged under my jurisdiction and was completed on (mo/day/year) <u>02-04-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/yr) <u>2-23-93</u> under the business name of <u>GeoCore Services, Inc.</u> by (signature) <u>[Signature]</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.