

**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>(EW)</b>
County: <b>Cowley</b>				
Distance and direction from nearest town or city street address of well if located within city? <b>1800 South Summit, Arkansas City, Kansas MW3</b>				

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

**3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**

N X NW NE SW SE S	<p><b>4 DEPTH OF COMPLETED WELL:</b> <b>21</b> ft. <b>ELEVATION:</b> _____ ft.</p> <p>Depth(s) Groundwater Encountered 1. <b>10</b> ft. 2. _____ ft. 3. _____ ft.</p> <p><b>WELL'S STATIC WATER LEVEL</b> <b>8.3</b> ft. below land surface measured on mo/day/yr <b>02-18-93</b></p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Bore Hole Diameter <b>7.5/8</b> in. to <b>21</b> ft., and _____ in. to _____ ft.</p> <p><b>WELL WATER TO BE USED AS:</b> 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 <b>(10) Monitoring well</b></p> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b>; If yes, mo/day/yr sample was submitted _____</p> <p align="right">Water Well Disinfected? Yes _____ No <b>X</b></p>
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**5 TYPE OF BLANK CASING USED:**

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<b>(2) PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
Blank casing diameter <b>2</b> in. to <b>6</b> in.	7 Fiberglass			Threaded <b>X</b>
Casing height above land surface <b>36</b> in., weight _____ lbs./ft.				Wall thickness or gauge No. <b>Sch. 40</b>

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless steel	5 Fiberglass	<b>(7) PVC</b>	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			9 ABS	12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

1 Continuous slot	<b>(3) Mill slot</b>	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) _____	

**SCREEN-PERFORATED INTERVALS:** From **6** ft. to **21** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From **5** ft. to **21** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement **(2) Cement grout** **(3) Bentonite** 4 Other \_\_\_\_\_

Grout Intervals: From **0** ft. to **2** ft., From **2** ft. to **5** 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	<b>(11) Fuel storage</b>	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below) _____
			13 Insecticide storage	

Direction from well? **north** How many feet? **340**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	BACKFILL DEBRIS			
3	5.5	SND, DK BRN, F-M, CLVEY			ID # 00087205 ABOVE GROUND COVER
5.5	6	SND, BRN, V F-M, CLVEY			
6	9	SND, LT BRN, F-M			
9	11	SND, LT BRN, F-C			
11	15	SND-GVL, LT BRN, F-M GRVL, SAT			
15	21	SND-GVL, BRN, M C GRVL, SAT			

**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) **02-04-93** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **2-23-93** under the business name of **GeoCore Services, Inc.** by (signature) *Doug Roy*

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 66620-0081. Telephone: 913-206-6545. Send one to WATER WELL OWNER and retain one for your records.