

1 LOCATION OF WATER WELL:		WATER WELL RECORD		Form WWC-5		KSA 82a-1212	
County: <u>POTTAWATOMIE</u>		Fraction: <u>NW 1/4 NW 1/4 NW 1/4</u>		Section Number: <u>18</u>		Township Number: <u>T 9 S</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 S 7 W OF FLUSH</u>		Range Number: <u>R 8 E</u>					
2 WATER WELL OWNER: <u>Ted E. Lundberg</u>				Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box #: <u>Washington Heights</u>				Application Number:			
City, State, ZIP Code: <u>MANHATTAN 66502</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>240</u> ft. ELEVATION:					
<div><div>1 Mile</div><div><div><div><div>X</div><div></div><div></div><div></div></div><div><div>NW</div><div>NE</div><div>SW</div><div>SE</div></div></div></div></div>		Depth(s) Groundwater Encountered 1. <u>200</u> ft. 2. <u>240</u> ft. 3. <u>240</u> ft.		WELL'S STATIC WATER LEVEL <u>165</u> ft. below land surface measured on mo/day/yr <u>2-18-82</u>			
		Pump test data: Well water was <u>20</u> gpm: Well water was <u>240</u> ft. after <u>2</u> hours pumping <u>20</u> gpm					
		Bore Hole Diameter <u>8</u> in. to <u>240</u> ft. and <u>240</u> in. to <u>240</u> 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 Observation well					
		Was a chemical/bacteriological sample submitted to Department? Yes <u>Yes</u> No <u>No</u> If yes, mo/day/yr sample was submitted		Water Well Disinfected? <u>Yes</u> No <u>No</u>			
5 TYPE OF BLANK CASING USED:				CASING JOINTS: Glued <u>Yes</u> Clamped <u>No</u>			
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded <u>No</u>							
2 PVC 4 ABS 7 Fiberglass Threaded <u>No</u>							
Blank casing diameter <u>5</u> in. to <u>0-176</u> ft. Dia <u>5</u> in. to <u>236-240</u> ft. Dia <u>5</u> in. to <u>240</u> ft.							
Casing height above land surface <u>24</u> in., weight <u>2.82</u> lbs./ft. Wall thickness or gauge No. <u>258</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:				7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) <u>None</u>							
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 3 Mill slot 6 Wire wrapped 9 Drilled holes							
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) <u>None</u>							
SCREEN-PERFORATED INTERVALS: From <u>176</u> ft. to <u>236</u> ft. From <u>236</u> ft. to <u>240</u> ft.							
GRAVEL PACK INTERVALS: From <u>12</u> ft. to <u>240</u> ft. From <u>240</u> ft. to <u>240</u> ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>None</u>							
Grout Intervals: From <u>0</u> ft. to <u>12</u> ft. From <u>12</u> ft. to <u>240</u> ft.							
What is the nearest source of possible contamination:				10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)							
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage							
Direction from well? <u>S</u> How many feet? <u>220</u>							
FROM		TO		LITHOLOGIC LOG		FROM	
0		1		TOP SOIL		103	
1		4		SHALE yellow, red		109	
4		6		Limestone brown		112	
6		10		Shale yellow		129	
10		12		Limestone yellow		131	
12		30		Shale yellow		141	
30		42		Limestone brown		150	
42		49		Shale grey		154	
49		52		Limestone yellow		155	
52		61		Shale yellow, red		161	
61		69		Limestone yellow		168	
69		77		Shale "		170	
77		81		Limestone "		177	
81		98		Shale grey		178	
98		103		Limestone TAN		196	
						109	
						112	
						129	
						131	
						141	
						150	
						154	
						155	
						161	
						168	
						170	
						173	
						178	
						196	
						199	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) <u>reconstructed</u> , or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>2-18-82</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>182</u> This Water Well Record was completed on (mo/day/yr) <u>3-3-82</u> under the business name of <u>STADLER DRILLING CO INC</u> by (signature) <u>Dale Baker</u>							
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>POTTAWATOMIE</u>	<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>18</u>	<u>T 9 S</u>	<u>R 8 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 S 7 W of Flush</u>					

2 WATER WELL OWNER: Ted Lundberg
 RR#, St. Address, Box # : Washington Heights
 City, State, ZIP Code : Manhattan 66502

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.....	ft.	ELEVATION:	ft.
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Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____

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 _____ in. to _____ 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
		10 Observation well

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

Water Well Disinfected? Yes _____ No _____

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)	Welded	
2 PVC	4 ABS	7 Fiberglass		Threaded.	

Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface. in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	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	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)	

SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft., From ft. to 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 ft. to	ft. From ft. to	ft. From ft. to	ft.
What is the nearest source of possible contamination:				10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well	
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage		
Direction from well?			How many feet?		

[illegible]

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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) under the business name of by (signature)

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.