

MW-16 1911035

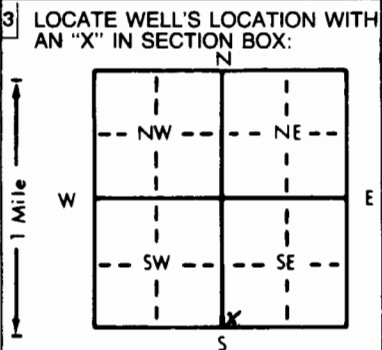
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>RUSSELL</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>27</u>	Township Number T <u>13</u> S	Range Number R <u>14</u> EW
---	---	-----------------------------	----------------------------------	--------------------------------

Distance and direction from nearest town or city street address of well if located within city?
GRANT + HWY. 40, RUSSELL, KS

2 WATER WELL OWNER: Tom DUNN c/o J. MILTON SULIVANT
 RR#, St. Address, Box #: 1000 PARKVIEW RD.
 City, State, ZIP Code: LAWRENCE, KS 66049

Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: 26.5 ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered: 1. 15.6 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: 18.9 ft. below land surface measured on mo/day/yr 8-15-95

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 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
		9 Dewatering
		12 Other (Specify below)

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 _____ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		<u>Threaded</u> <u>FLUSH</u>

Blank casing diameter: 2 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: FLUSH in., weight _____ lbs./ft. Wall thickness or gauge No. 15.4

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	<u>3 Mill slot</u>	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 6.5 ft. to 26.5 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 4.5 ft. to 26.5 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 4.5 ft. to 1.0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	<u>11 Fuel storage</u>	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)

Direction from well? EAST How many feet? 200 150

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7.0	SILT			
7.0	12.0	CLAY, V. SILTY, SOME SAND			
12.0	14.8	CLAY			
14.8	15.0	LIMESTONE STRINGER			
15.0	26.5	CLAY			

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) 8-15-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 9-5-95 under the business name of GSI by (signature) Allison Swain

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.