

2411205

mw-6

WATER WELL RECORD

Form WWC-5

KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Lincoln</u>		<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>17</u>	<u>T 13 S</u>	<u>R 6 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>5'N, 36'W of Southwest corner of Coop shed by Bunty main shop</u>					
2 WATER WELL OWNER: <u>KOHE</u>					
RR#, St. Address, Box # : <u>Forbes Field, Bldg 740</u>					
City, State, ZIP Code : <u>Topeka, KS 66620</u>					
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: <u>18</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>12.0</u> 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 <u>8</u> 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    9 Dewatering    12 Other (Specify below) 2 Irrigation    4 Industrial    7 Lawn and garden only <u>10 Monitoring well</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u>			
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 _____ Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>flush</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch 40</u>					
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) _____ SCREEN OR PERFORATION OPENINGS ARE:    5 Gauzed wrapped    8 Saw cut    11 None (open hole) 1 Continuous slot <u>3 Mill slot</u> 6 Wire wrapped    9 Drilled holes 2 Louvered shutter    4 Key punched    7 Torch cut    10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>8</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>6</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement    2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>6</u> 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    10 Livestock pens    14 Abandoned water well 2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    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? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>1</u>	<u>Clay, sandy</u>			
<u>1</u>	<u>12</u>	<u>Clay, very silty</u>			
<u>12</u>	<u>13</u>	<u>Clay, sandy</u>			
<u>15</u>	<u>18</u>	<u>Sand, f-c grained</u>			
<u>Spoke w/ Don Taylor on 6/11/97 about forms being turned in late</u>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3/28/97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>6/20/97</u> under the business name of <u>GSI</u> by (signature) <u>Alison M. Swann</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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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SEC.

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