

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

1 LOCATION OF WATER WELL: County: Russell	Fraction NW 1/4 SW 1/4 NW 1/4	Section Number 2	Township Number T 14 S	Range Number R 14 E/W
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Distance and direction from nearest town or city street address of well if located within city?

U.S. Highway 281, North of I-70

2 WATER WELL OWNER: Darwin L. Sampson RR#, St. Address, Box # : 912 Barlow Dr. City, State, ZIP Code : Salina, Kansas 67401	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 25 ft. ELEVATION: _____
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Depth(s) Groundwater Encountered 1. **25** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **16.50** 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: **7.5/8** in. to **25** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
2 Irrigation	4 Industrial	7 Lawn and garden only	<input checked="" type="checkbox"/> 10 Monitoring 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 _____
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1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Fiberglass		Threaded. <input checked="" type="checkbox"/> X

Blank casing diameter **2** in. to **10** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **0** in., weight _____ lbs./ft. Wall thickness or gauge No. **sch 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:	<input checked="" type="checkbox"/> 7 PVC	10 Asbestos-cement
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1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
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)
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1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify) _____

SCREEN-PERFORATED INTERVALS:	From 10 ft. to 25 ft.	From _____ ft. to _____ ft.
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GRAVEL PACK INTERVALS:	From 8 ft. to 25 ft.	From _____ ft. to _____ ft.
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6 GROUT MATERIAL:	1 Neat cement	<input checked="" type="checkbox"/> 2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other _____
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Grout Intervals: From **0** ft. to **6** ft., From **6** ft. to **8** 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	<input checked="" type="checkbox"/> 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? **Southeast** How many feet? **30**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6"	Landscape grvl and f-c snd, prly srted, ddry			
6"	2'	Cly, v drk brn, mod slty, sl f-c snd and grvl, damp			
2'	9'	Cly, med oran-brn, damp, v slty, sl snd szd, calic			
9'	10'	Snd lens, f-med grnd, tr of c grns, frly well srted, rnd-subang, damp			
10'	20'	Cly, lt-med oran-brn, v slty, sl snd szd calic clsts, moist			
20'	21'	Cly, med gry, v slty, sl v f-med snd, v moist			
21'	25'	Snd, lt-med gry, v slty, mod-v clyey, v f-med grnd, frly well srted, rnd-subang.			
					MW6 Flush Mount cover

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-28-94 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) 07-19-94 under the business name of GeoCore Services, Inc. by (signature) <i>Dale Hill</i>

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.