WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **MW-4A**

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **McPherson**	**SW** ¼ **SE** ¼ **NE** ¼	**17**	T **17** S	R **3** E/W

Distance and direction from nearest town or city street address of well if located within city?
321 E. Lincoln Street, Lindsborg, Kansas

2 WATER WELL OWNER: **Ed Hackleman**
RR#, St. Address, Box # : **P.O. Box D**
City, State, ZIP Code : **Moundridge, Kansas 67109**

Board of Agriculture, Division of Water Resources
Application Number:

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

N
NW NE
X
W E
SW SE
S
1 Mile

4 DEPTH OF COMPLETED WELL **30.5** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **25.0** ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL **24.70** ft. below land surface measured on mo/day/yr **04/14/04**
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield **NA** 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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) (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 **x**

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 **x**
Blank casing diameter **2.375** in. to **15.5** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **Flush Mount** in., weight ____ lbs./ft. Wall thickness or gauge No. **Schedule 40**
TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC 10 Asbestos-cement
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)
1 Continuous slot (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 **30.5** ft. to **15.5** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **30.5** ft. to **12.5** 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 **0.0** ft. to **2.0** ft. From **2.0** ft. to **12.5** 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? **Southeast** How many feet? **80**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Aggregate
0.5	2.0		Dark gray-black clay, silty, sandy, roots, friable, moist
2.0	18.0		Brown clay, very silty, trace gravel, laminated, mottled black I/P, trace black shale fragments,
			firm-friable, moist
18.0	25.0		Brown clay, very silty, slightly gravely, friable, very moist, discolored gray, slight odor
25.0	30.5		Brown clay, very silty, slightly gravely, friable, wet, discolored gray, strong odor
			Flush-mount well completion waiver existent for site.

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/yr) **04/13/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **04/30/04**
under the business name of **Quad State Services, Inc.** by (signature)

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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