WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **MW-13**

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 **30.0** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **25.0** ft. 2 ft. 3 ft.
WELL'S STATIC WATER LEVEL **22.82** ft. below land surface measured on mo/day/yr **04/15/04**
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 **15.0** 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 **30.0** ft. to **15.0** ft. From ft. to ft.
From ft. to ft. From ft. to ft.
GRAVEL PACK INTERVALS: From **30.0** ft. to **12.0** 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 **12.0** 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? **West** How many feet? **20**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Aggregate
0.5	4.0		Dark gray clay, silty, sandy, gravely, friable, very moist
4.0	18.0		Brown clay, very silty, sandy, trace black shale fragments, firm-friable, moist
18.0	30.0		Brown clay, very silty, friable, very moist; wet @25'
			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) **04/14/04** 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.

OFFICE USE ONLY T R SEC