

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

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>McPherson</u>		SW ¼ NW ¼ NW ¼		19		T 18 S		R 1	
Distance and direction from nearest town or city street address of well if located within city?									
<u>3 miles West &amp; 7 miles North of Canton</u>									
2 WATER WELL OWNER: <u>Raymond Williams</u>									
RR#, St. Address, Box # : <u>Rt 2, Box 46</u>									
City, State, ZIP Code : <u>Galva, KS 67443</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>83</u> ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1. <u>53</u> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>53</u> ft. below land surface measured on mo/day/yr <u>9-16-93</u>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>12-30</u> gpm: Well water was <u>70</u> ft. after <u>1</u> hours pumping <u>12</u> gpm							
		Bore Hole Diameter <u>8</u> in. to <u>92</u> ft., and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS:							
		1 Domestic		3 Feedlot		6 Oil field water supply		9 Dewatering	
		2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well	
								11 Injection well	
								12 Other (Specify below)	
								<u>Stock</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 <u>X</u> No _____									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass Threaded _____									
Blank casing diameter <u>5</u> in. to <u>73</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface <u>12</u> in., weight <u>2.37</u> lbs./ft. Wall thickness or gauge No. <u>214</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____									
9 ABS 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 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 <u>73</u> ft. to <u>83</u> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>83</u> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From <u>5</u> ft. to <u>25</u> 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? <u>East</u> How many feet? <u>80 ft</u>									
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		3		Top Soil					
3		14		Tan Clay					
14		29		Fine & Medium Sand					
29		31		Tan Clay					
31		48		Sandstone with small layers of sandrock & clay					
48		52		Iron Pirite					
52		92		Clean Sandstone					
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) <u>9-16-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>138</u> This Water Well Record was completed on (mo/day/yr) <u>10-4-93</u> under the business name of <u>Peterson Irrigation Inc.</u> by (signature) <u>Mike Peterson</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.									