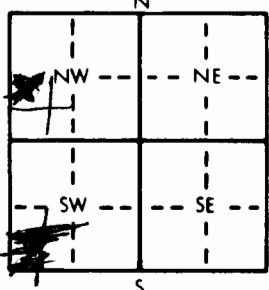


WATER WELL RECORD		Form WWC-5		KSA 82a-1212	
LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>McPherson</u>		<u>1/4</u> <u>SW</u> <u>1/4</u>	<u>21</u>	<u>19</u> <u>S</u>	<u>30</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city?					
<u>6 mi. E 1/4 S of Inman</u> <u>6 E &amp; 1/2 S of INMAN</u>					
WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code :					
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF COMPLETED WELL: <u>101</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered <u>1</u> <u>44</u> ft. <u>2</u> <u>51</u> ft. <u>3</u> <u>71</u> ft.			
		WELL'S STATIC WATER LEVEL <u>38</u> ft. below land surface measured on mo/day/yr <u>7-7-81</u>			
		Pump test data: Well water was <u>40</u> ft. after <u>10</u> hours pumping <u>20</u> gpm			
		Est. Yield <u>50</u> gpm: Well water was <u>40</u> ft. after <u>10</u> hours pumping <u>20</u> gpm			
		Bore Hole Diameter <u>9</u> in. to <u>106</u> ft. and <u>106</u> in. to <u>106</u> ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No <u>X</u> If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <u>X</u> No <u>X</u>			
TYPE OF BLANK CASING USED:		CASING JOINTS: Glued <u>X</u> Clamped <u>X</u>			
1 Steel 3 RMP (SR)		Welded <u>X</u> Threaded <u>X</u>			
<input checked="" type="radio"/> PVC 4 ABS					
5 Wrought iron 8 Concrete tile					
6 Asbestos-Cement 9 Other (specify below)					
7 Fiberglass					
Blank casing diameter <u>5</u> in. to <u>91</u> ft. Dia <u>91</u> in. to <u>101</u> ft. Dia <u>101</u> in. to <u>106</u> ft.					
Casing height above land surface <u>14</u> in. weight <u>2.82</u> lbs./ft. Wall thickness or gauge No. <u>200</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:		<input checked="" type="radio"/> 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 <input checked="" type="radio"/> Mill slot 6 Wire wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)					
SCREEN-PERFORATED INTERVALS:		From <u>91</u> ft. to <u>101</u> ft. From <u>101</u> ft. to <u>106</u> ft.			
GRAVEL PACK INTERVALS:		From <u>80</u> ft. to <u>106</u> ft. From <u>106</u> ft. to <u>106</u> ft.			
GROUT MATERIAL:		2 Cement grout 3 Bentonite 4 Other			
Grout Intervals: From <u>3</u> ft. to <u>14</u> ft. From <u>14</u> ft. to <u>101</u> ft. From <u>101</u> ft. to <u>106</u> ft.					
What is the nearest source of possible contamination:		<input checked="" type="radio"/> 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? <u>SE</u>		How many feet? <u>60</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	7	Gr Clay			
7	14	Br Clay			
14	20	Gr Clay			
20	44	Br Clay			
44	47	C sand			
47	51	Br Clay			
51	54	C sand - shells			
54	71	blue clay			
71	83	S + Sm G			
83	91	BK Gravel			
91	101	St Sm G			
101	103	Gn Clay			
103	106	S + G			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-15-81</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>382</u> This Water Well Record was completed on (mo/day/yr) <u>2-5-82</u> under the business name of <u>Miller Water Well</u> by (signature) <u>Eva Miller</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					