

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

|   |                                    |                     |                           |                        |
|---|------------------------------------|---------------------|---------------------------|------------------------|
| LOCATION OF WATER WELL:<br>County: Rice | Fraction<br>CS/2 1/4 SE 1/4 SW 1/4 | Section Number<br>4 | Township Number<br>T 20 S | Range Number<br>R 9 EW |
|---|------------------------------------|---------------------|---------------------------|------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
6-W Of Lyons KS

**WATER WELL OWNER:** Hupfer Operating Inc.  
 IR#, St. Address, Box # : 25th & Vine St. Hays, KS 67601  
 City, State, ZIP Code :  
 Board of Agriculture, Division of Water Resources  
 Application Number: T91-0389

|  |    |    |    |    |  |
|--|----|----|----|----|--|
| LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;">                     N<br/> <table border="1" style="width:100%; height:100px; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">NW</td> <td style="width:50%; text-align: center;">NE</td> </tr> <tr> <td style="width:50%; text-align: center;">SW</td> <td style="width:50%; text-align: center;">SE</td> </tr> </table>                     W <span style="float: right;">E</span><br/>                     S                 </div> | NW | NE | SW | SE | DEPTH OF COMPLETED WELL... 62 ..... ft. ELEVATION: ..... ft.<br>Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.<br>WELL'S STATIC WATER LEVEL ... 18 ..... ft. below land surface measured on mo/day/yr .....<br>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm<br>Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm<br>Bore Hole Diameter... 9 ..... in. to ..... ft., and ..... in. to ..... ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot <input checked="" type="checkbox"/> Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well .....<br>Was a chemical/bacteriological sample submitted to Department? Yes.....No.. <input checked="" type="checkbox"/> .....; If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes No <input checked="" type="checkbox"/> |
| NW   | NE |    |    |    |  |
| SW   | SE |    |    |    |  |

**TYPE OF BLANK CASING USED:**

|   |            |                   |                         |  |
|---|------------|-------------------|-------------------------|--|
| 1 Steel                                 | 3 RMP (SR) | 5 Wrought iron    | 8 Concrete tile         | CASING JOINTS: Glued ..... Clamped ..... |
| <input checked="" type="checkbox"/> PVC | 4 ABS      | 6 Asbestos-Cement | 9 Other (specify below) | Welded .....                             |
|   |            | 7 Fiberglass      |                         | Threaded .....                           |

Blank casing diameter . 12/5 ..... in. to . 52 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 casing height above land surface . 12 ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

|         |                    |                 |   |                          |
|---------|--------------------|-----------------|---|--------------------------|
| 1 Steel | 3 Stainless steel  | 5 Fiberglass    | <input checked="" type="checkbox"/> 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  | <input checked="" type="checkbox"/> 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 . 52 ..... ft. to . 62 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From . 20 ..... ft. to . 62 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GROUT MATERIAL:** 1 Neat cement 2 Cement grout  Bentonite 4 Other .....

Grout intervals: From ..... 0 ..... ft. to ..... 20 ..... ft., From ..... ft. to ..... 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 | None                     |

Direction from well? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS      |
|------|----|----------------|------|----|-------------------------|
| 0    | 3  | Topsoil        | 62   | 3  | Cement-50/50 Poz 2% Gel |
| 3    | 28 | Clay           | 3    |    | surface - Topsoil       |
| 28   | 62 | Gravel         |      |    | Plugged Sept. 1, 1991   |
|      |    |                |      |    |                         |
|      |    |                |      |    |                         |
|      |    |                |      |    |                         |
|      |    |                |      |    |                         |
|      |    |                |      |    |                         |
|      |    |                |      |    |                         |
|      |    |                |      |    |                         |
|      |    |                |      |    |                         |

**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) 9-01-91 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 462-8 ..... This Water Well Record was completed on (mo/day/yr) 10-22-91 .....  
 Under the business name of Sams Water Well Service by (signature) *[Signature]*

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the appropriate answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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