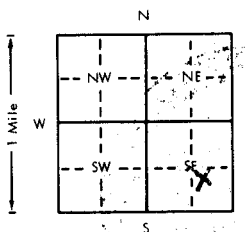


FISHER 1-L

WATER WELL RECORD

Form WWC-5

KSA 82a-1212

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: <u>STAFFORD</u>		<u>NW 1/4 SE 1/4 SE 1/4</u>	<u>30</u>	T <u>21</u> S	R <u>12</u> <u>EW</u>		
Distance and direction from nearest town or city? <u>HUDSON 5 1/2 MI N 1/4 W NORTHSIDE</u>			Street address of well if located within city?				
2 WATER WELL OWNER: <u>B & B DRILLING INC.</u>							
RR#, St. Address, Box # : <u>515 UNION CENTER</u>			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <u>WICHITA KS 67202</u>			Application Number:				
3 DEPTH OF COMPLETED WELL: <u>90</u> ft. Bore Hole Diameter: <u>9</u> in. to <u>90</u> ft. and _____ in. to _____ ft.							
Well Water to be used as:							
1 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			
Well's static water level: <u>15</u> ft. below land surface measured on <u>Jan</u> month <u>6</u> day <u>1981</u> year							
Pump Test Data <u>NONE</u> : Well water was _____ ft. after _____ hours pumping _____ gpm							
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
4 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Casing Joints: Glued <u>XX</u> Clamped _____		
2 PVC		4 ABS	7 Fiberglass		Welded _____		
					Threaded _____		
Blank casing dia: <u>5</u> in. to <u>70</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Casing height above land surface: <u>12</u> in., weight <u>26.5</u> lbs./ft. Wall thickness or gauge No. <u>214</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
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: <u>1/8</u>							
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-Perforation Dia: <u>5</u> in. to <u>90</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From <u>70</u> ft. to <u>90</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
Gravel Pack Intervals: From <u>60</u> ft. to <u>90</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
5 GROUT MATERIAL:							
1 Neat cement		2 Cement grout	3 Bentonite	4 Other			
Grouted Intervals: From <u>0</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.							
What is the nearest source of possible contamination: <u>NONE</u>							
1 Septic tank		4 Cess pool	7 Sewage lagoon	11 Fertilizer storage	15 Oil well/Gas well		
2 Sewer lines		5 Seepage pit	8 Feed yard	12 Insecticide storage	16 Other (specify below)		
3 Lateral lines		6 Pit privy	9 Livestock pens	13 Watertight sewer lines			
Direction from well: _____ How many feet: _____ ? Water Well Disinfected? Yes _____ No <u>✓</u>							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No _____							
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____							
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.							
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other							
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <u>Jan</u> month <u>6</u> day <u>1981</u> year							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>389</u>							
This Water Well Record was completed on <u>Jan</u> month <u>20</u> day <u>1981</u> year under the business name of <u>MYERS WATER WELL SERVICE</u> by (signature) <u>Rudolph J. Myers</u>							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>0</u>	<u>18</u>	<u>SANDY CLAY</u>			
		<u>18</u>	<u>45</u>	<u>CLAY</u>			
		<u>45</u>	<u>60</u>	<u>SANDY CLAY</u>			
		<u>60</u>	<u>70</u>	<u>BLUE CLAY</u>			
		<u>70</u>	<u>90</u>	<u>GRAVEL</u>			
ELEVATION:							
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)							
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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.							