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

1 LOCATION OF WATER WELL: County: STAFFORD	Fraction: NE ¼ SE ¼ SE ¼	Section Number: 29	Township Number: T 22 S	Range Number: R 12 E/W

Distance and direction from nearest town or city street address of well if located within city? /
307 S. MAIN

2 WATER WELL OWNER: CHESTER WELLS
RR#, St. Address, Box # : BOX
City, State, ZIP Code : HUDSON, KS. 67545

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N
NW | NE
W | E
SW | SE X
S

1 Mile

4 DEPTH OF COMPLETED WELL....80..... ft. ELEVATION: .....
Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft.
WELL'S STATIC WATER LEVEL ....23..... ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter...9.....in. to .....ft., and.....in. to .....ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
XX1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well .....
Was a chemical/bacteriological sample submitted to Department? Yes.....No....X.....; If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X ....Clamped .....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....
XX2 PVC 4 ABS 7 Fiberglass ..... Threaded.....
Blank casing diameter ....5.....in. to ..70..... 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: XX7 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 XX3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....
SCREEN-PERFORATED INTERVALS: From....70..... ft. to .....80..... ft., From ..... ft. to..... ft.
From..... ft. to ..... ft., From ..... ft. to..... ft.
GRAVEL PACK INTERVALS: From.....23..... ft. to .....80..... ft., From ..... ft. to..... ft.
From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout XX3 Bentonite 4 Other .....
Grout Intervals: From.....3.....ft. to ..23..... ft., From ..... ft. to..... 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 ....NONE.....
Direction from well? How many feet? '

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP SOIL			
3	65	CLAY & LIMESTONE			
65	80	GRAVEL			

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) .....10/30/91... 8-9-91..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....462-B..... This Water Well Record was completed on (mo/day/yr) ....10-30-91..... under the business name of SAM'S 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 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.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼