

MW-2

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

1 LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>14</u>	Township Number T <u>24</u> S	Range Number R <u>12</u> EW <u>(12)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>517 S. Main, Stafford KS</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<u>Marvin Bayne</u> <u>517 S. Main</u> <u>Stafford KS 67587</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>26.5</u> ft. ELEVATION: <u>NA</u>			
		Depth(s) Groundwater Encountered 1. <u>19.6</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>19.55</u> ft. below land surface measured on <u>11-11-92</u> 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 <u>8</u> in. to _____ ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Lawn and garden only <u>10 Monitoring well</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 _____ No <u>X</u>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____			
1 Steel 3 RMP (SR) <u>2 PVC</u> 4 ABS Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>Flush</u> in., weight <u>703</u> lbs./ft. Wall thickness or gauge No. <u>154</u>		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass <u>Threaded Flush</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement			
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)		11 Other (specify) _____			
SCREEN OR PERFORATION OPENINGS ARE:		10 Other (specify) _____			
1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched SCREEN-PERFORATED INTERVALS: From <u>15.5</u> ft. to <u>25.5</u> ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>14.5</u> ft. to <u>25.5</u> ft. From _____ ft. to _____ ft.		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____			
6 GROUT MATERIAL:		4 Other _____			
1 Neat cement 2 Cement grout <u>3 Bentonite</u> Grout Intervals: From <u>14.5</u> ft. to <u>1.0</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage			
What is the nearest source of possible contamination:		How many feet? <u>55</u>			
1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard		10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage			
Direction from well? <u>North</u>		How many feet? <u>55</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	5.0	Silt, Clayey			
5.0	10.0	Silt, very clayey, sandy			
10.0	15.0	Sand, fine grained, very clayey			
15.0	20.0	Sand, fine grained			
20.0	25.5	Sand, fine grained, silty			
Flush Mount granted on 10-22-92 for KDHE Project No 01093070, Ba e Well Servicing Co. by Don Taylor					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-9-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>11-25-92</u> under the business name of <u>GSI</u> by (signature) <u>Allison Jouxin</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.					

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