

MW-1

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

OFFICE USE ONLY

1 LOCATION OF WATER WELL:

County: Stafford

Distance and direction from nearest town or city street address of well if located within city?

517 S. Main, Stafford KS

Fraction

SE 1/4 SE 1/4 SE 1/4

Section Number

14

Township Number

T 24 S

Range Number

R 12 EW

2 WATER WELL OWNER:

RR#, St. Address, Box # :

City, State, ZIP Code :

Marvin Bayse
517 S. Main
Stafford KS 67587

Board of Agriculture, Division of Water Resources

Application Number:

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

N

NW	NE
SW	SE

W

E

S

X

4 DEPTH OF COMPLETED WELL: 25.5 ft. ELEVATION: NA

Depth(s) Groundwater Encountered 1. 18.6 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 18.6 ft. below land surface measured on mo/day/yr 11-91-92

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 8 in. to _____ ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
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 _____ No X

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)
<u>2 PVC</u>	4 ABS

Blank casing diameter 2 in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface Flush in., weight 170.3 lbs./ft. Wall thickness or gauge No. 154

5 Wrought iron
 8 Concrete tile | CASING JOINTS: Glued _____ Clamped _____ || 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ |
| 7 Fiberglass | | Threaded Flush |

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
12 None used (open hole)				

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<u>3 Mill slot</u>	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
10 Other (specify)				

SCREEN-PERFORATED INTERVALS: From 15.5 ft. to 25.5 ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 14.5 ft. to 25.5 ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

Grout Intervals: From 14.5 ft. to 1.0 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	<u>11 Fuel storage</u>	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
13 Insecticide storage				

Direction from well? Southwest

How many feet? ~120

FROM TO LITHOLOGIC LOG

0.0	10.0	Silt, clayey, light brown
10.0	15.0	Sand, fine grained, well sorted
15.0	20.0	Sand, fine to med grained, clayey
20.0	25.5	Sand, fine grained, silty

FROM TO PLUGGING INTERVALS

Flush mount granted for KDHE No D1093070

Bayse Well Servicing Co. on 10-22-92 for by

Don Taylor.

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) 11-9-92 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 11-25-92

under the business name of GSE by (signature) Allison Irwin

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.