

4W-11

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

1 LOCATION OF WATER WELL: County: <u>Stafford</u>	Fraction <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	Section Number <u>22</u>	Township Number T <u>24</u> S	Range Number R <u>15</u> EW
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Distance and direction from nearest town or city street address of well if located within city?

132 East Broadway, Macksville, KS.

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code	<u>Kinnie Corp.</u> <u>P.O. Box 464</u> <u>Macksville, KS. 67557</u>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>28'</u> ft. ELEVATION:
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Depth(s) Groundwater Encountered 1. 15' ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 17.60 ft. below land surface measured on mo/day/yr 6-19-98

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 1/2" in. to 28' 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:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
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1 Steel

2 PVC

Blank casing diameter 2.375 in. to 8" ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface Flush Mt. in., weight _____ lbs./ft. Wall thickness or gauge No. SDR 13

3 RMP (SR)

4 ABS

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

Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. SCH 40

6 Asbestos-Cement

7 Fiberglass

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

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

9 Other (specify below) _____

Welded _____

Threaded _____

TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC	10 Asbestos-cement
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1 Steel

2 Brass

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

2 Louvered shutter

SCREEN-PERFORATED INTERVALS:

From 28' ft. to 8' ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

3 Stainless steel

4 Galvanized steel

5 Fiberglass

6 Concrete tile

7 Torch cut

8 RMP (SR)

9 ABS

10 Other (specify) _____

11 None (open hole)

8 Saw cut

9 Drilled holes

10 Other (specify) _____

11 None (open hole)

GRAVEL PACK INTERVALS:	From <u>28'</u> ft. to <u>6'</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
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6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
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Grout Intervals: From 6' ft. to 3 1/2' ft. From 3 1/2' ft. to 0' 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	

Direction from well? Southeast How many feet? 60'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Concrete over snad			
1	5	Gray brn mottled sandy clay, moist, firm, no odor.			
5	9	Lt brn silty clay to silt, moist, no odor, soft to firm.			
9	11	Gray silty to clayey silt, soft.			
11	16	Gray banded clayey sand, fine-med., moist, faint odor.			
16	19	Yellow brn silty clay w/caliche, and some fine sand, moist, mod. odor.			
19	21.5	Gray clayey sand w/ caliche, wet, mod. odor, soft, fine-med sand.			
21.5	28	Brn fine-med sand, wet, mod. odor, well graded.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (<u>constructed</u>) (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-15-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>539</u> This Water Well Record was completed on (mo/day/yr) <u>6-18-98</u> under the business name of <u>JB Environmental Drilling</u> by (signature) <u>James Beebe</u>
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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.