

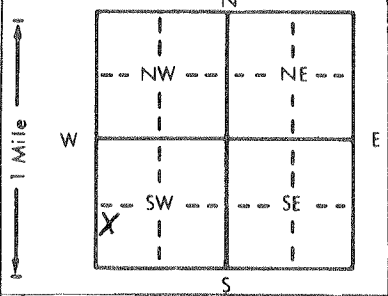
**WATER WELL RECORD Form WWC-5 KSA 82a-1212**

1 LOCATION OF WATER WELL: County: <b>KEARNY</b>	Fraction <b>NW 1/4 SW 1/4 SW 1/4</b>	Section Number <b>11</b>	Township Number <b>T 24 S</b>	Range Number <b>R 35 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**West 5th Street**

2 WATER WELL OWNER: **GARDEN CITY COOP, INC.**  
 RR#, St. Address, Box # : **BOX 838**  
 City, State, ZIP Code : **GARDEN CITY, KANSAS 67860**  
 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: **40'** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. **31'** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **9'** 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 \_\_\_\_\_ in. to \_\_\_\_\_ 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 Monitoring well   
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No ; If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes  No \_\_\_\_\_

5 TYPE OF BLANK CASING USED:  
 1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded   
 7 Fiberglass      Threaded \_\_\_\_\_  
 Blank casing diameter **20** in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **0** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

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) **NA**  
 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot      3 Mill slot      5 Gauzed wrapped      8 Saw cut      11 None (open hole)  
 2 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes  
 7 Torch cut      10 Other (specify) **NA**

SCREEN-PERFORATED INTERVALS: From **NA** ft. to **NA** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:  1 Neat cement      2 Cement grout      3 Bentonite      4 Other \_\_\_\_\_  
 Grout Intervals: From **6** ft. to **3** 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      **FARMLAND SPRAYING**

Direction from well? **TANKS/LINES, WEST FARMLAND, SOUTH** How many feet? **200'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
40'	9'	SAND			
9'	6'	DIRT/CLAY			
6'	3'	CEMENT			
3'	0'	DIRT/CLAY			

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) **4-20-1993** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_ This Water Well Record was completed on (mo/day/yr) **6-2-1993** under the business name of **GARDEN CITY COOP, INC.** by (signature) *Kon Jamison*

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.