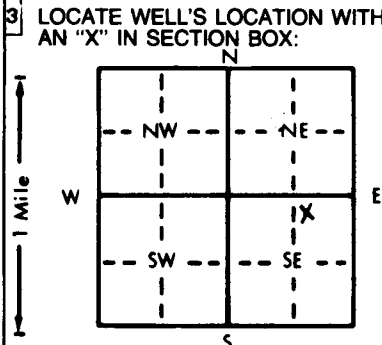


**WATER WELL RECORD Form WWC-5 KSA 82a-1212**

<b>1 LOCATION OF WATER WELL:</b> County: <u>Hamilton</u>	Fraction NW ¼ NE ¼ SE ¼	Section Number <u>7</u>	Township Number T <u>24</u> S	Range Number R <u>40</u> EW
---	----------------------------	----------------------------	----------------------------------	--------------------------------

Distance and direction from nearest town or city street address of well if located within city?  
East U.S. Highway 50, Syracuse, Ks. MW9

**2 WATER WELL OWNER:** City of Syracuse  
 RR#, St. Address, Box # : Box 148  
 City, State, ZIP Code : Syracuse, Ks. 67878  
 Board of Agriculture, Division of Water Resources  
 Application Number:



**4 DEPTH OF COMPLETED WELL:** 20 ft. **ELEVATION:** \_\_\_\_\_ ft.  
 Depth(s) Groundwater Encountered 1. 16 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL 16.34 ft. below land surface measured on mo/day/yr 10-29-91  
 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 7 5/8 in. to 20 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 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 sub-  
 mitted \_\_\_\_\_ Water Well Disinfected? Yes \_\_\_\_\_ No X \_\_\_\_\_

**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 X  
 Blank casing diameter 2 in. to 10 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface 0 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. Schedule 40  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
 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) \_\_\_\_\_  
**SCREEN-PERFORATED INTERVALS:** From 10 ft. to 20 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From 8 ft. to 20 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grout Intervals: From 0 ft. to 1 (cement) ft., From 1 ft. to 8 (bent) ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) \_\_\_\_\_  
 Direction from well? Northeast How many feet? 60

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7.5	Clay, dark brown			
7.5	14	Sand, brown, fine to coarse			KDHE Site Tag #00048019
14	19	Sand, grey, fine to small gravel			Flush mount well cover
19	20	Shale, grey			

**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) 10-17-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 10-31-91 under the business name of GeoCore Services, Inc. by (signature) Dale Roll

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.