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

1 LOCATION OF WATER WELL: County: Hamilton | Fraction: NW ¼ NW ¼ NW ¼ | Section Number: 19 | Township Number: T 24 S | Range Number: R 40 E (W)

Distance and direction from nearest town or city street address of well if located within city? 1 S 1/4 W of Syracuse

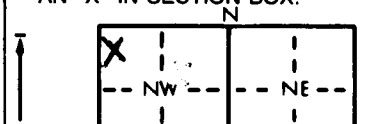
2 WATER WELL OWNER: City of Syracuse

RR#, St. Address, Box # : Box 148

City, State, ZIP Code : Syracuse Ks

Board of Agriculture, Division of Water Resources Application Number: 11852

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



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

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

WELL'S STATIC WATER LEVEL ..... 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: (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.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....

2 PVC 4 ABS 7 Fiberglass ..... Threaded.....

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. .....

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

1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....

2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From.....ft. to .....ft., From .....ft. to.....ft.

From.....ft. to .....ft., From .....ft. to.....ft.

GRAVEL PACK INTERVALS: From.....ft. to .....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.....ft. to .....ft., From .....ft. to.....ft., From .....ft. to .....ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well

1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well

2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage .....

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		-18 to 6" ~~[illegible]~~ w/ gravel			
		-18 to Surface w/ Cement			

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) 6-30-20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 390 This Water Well Record was completed on (mo/day/yr) 8-30-20 under the business name of [illegible] by (signature) [illegible]

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC. ¼ ¼ ¼