

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		SE ¼ NW ¼ SE ¼	36	T 25 S	R 1 W

Distance and direction from nearest town or city street address of well if located within city?
201 S. Cedar, Valley Center

2 WATER WELL OWNER: Barton Solvents		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # : 201 S. Cedar		
City, State, ZIP Code : Valley Center 67147		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>25</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1 <u>18</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>17.33</u> ft. below land surface measured on mo/day/yr <u>12/06/07</u> 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 <u>10.25</u> in. to <u>25</u> ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <u>10 Monitoring well</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>
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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 _____
<u>2 PVC</u>	4 ABS	7 Fiberglass		<u>Threaded</u> <u>Flush</u>

Blank casing diameter 4 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 38.4 in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

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:

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	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 15 ft. to 25 ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 13 ft. to 25 ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other _____
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Grout Intervals From 0 ft. to 13 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? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6		Clay			
6	6.5		Silty Clay, dark green gray			
6.5	7		Sandy Silt, dark green gray and brown			
7	25		Gravelly Sand, medium brown to black, some calcareous nodules, gravel content increases with depth			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <u>12/06/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>02/21/08</u> under the business name of <u>Geotechnical Services Inc.</u> by (signature) <u>Daniel J. White</u>	
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.