

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

<b>1 LOCATION OF WATER WELL:</b> County: <u>Edwards</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>2</u>	Township Number <u>T 26 S</u>	Range Number <u>R 16 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?  
Approx. 3 miles east and 1/2 mi. south of Trousdale

**2 WATER WELL OWNER:** Norman Wood  
 RR#, St. Address, Box # : Route 1  
 City, State, ZIP Code : Haviland, KS 67059  
 Board of Agriculture, Division of Water Resources  
 Application Number: not required

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

N

NW	NE
SW	SE

S

**4 DEPTH OF COMPLETED WELL:** 76 ft. **ELEVATION:** unknown

Depth(s) Groundwater Encountered 1. 18 ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.

**WELL'S STATIC WATER LEVEL:** 18 ft. below land surface measured on mo/day/yr 7-13-84

Pump test data: Well water was not ck'd ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Est. Yield unknown gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm

Bore Hole Diameter 9 in. to 7.6 in. and \_\_\_\_\_ in. to \_\_\_\_\_ in.

**WELL WATER TO BE USED AS:**

<u>1</u> Domestic	<u>3</u> Feedlot	<u>6</u> Oil field water supply	<u>9</u> Dewatering	<u>11</u> Injection well
<u>2</u> Irrigation	<u>4</u> Industrial	<u>7</u> Lawn and garden only	<u>10</u> Observation well	<u>12</u> Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X \_\_\_\_\_; If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected? Yes X No \_\_\_\_\_

**5 TYPE OF BLANK CASING USED:**

<u>1</u> Steel	<u>3</u> RMP (SR)	<u>6</u> Asbestos-Cement	<u>9</u> Other (specify below)	<u>8</u> Concrete tile	<u>CASING JOINTS:</u> <u>Glued XX</u> Clamped _____
<u>2</u> PVC	<u>4</u> ABS	<u>7</u> Fiberglass			Welded _____
					Threaded _____

Blank casing diameter 5 in. to 6.6 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 24 in., weight 2,277 lbs./ft. Wall thickness or gauge No. 2.14

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

<u>1</u> Steel	<u>3</u> Stainless steel	<u>5</u> Fiberglass	<u>8</u> RMP (SR)	<u>10</u> Asbestos-cement
<u>2</u> Brass	<u>4</u> Galvanized steel	<u>6</u> Concrete tile	<u>9</u> ABS	<u>11</u> Other (specify) _____
				<u>12</u> None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

<u>1</u> Continuous slot	<u>3</u> Mill slot	<u>5</u> Gauzed wrapped	<u>8</u> Saw cut	<u>11</u> None (open hole)
<u>2</u> Louvered shutter	<u>4</u> Key punched	<u>6</u> Wire wrapped	<u>9</u> Drilled holes	
		<u>7</u> Torch cut	<u>10</u> Other (specify) _____	

**SCREEN-PERFORATED INTERVALS:** From 66 XX ft. to 76 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 35 ft. to 76 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Annular fill From 10 ft. to 31 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout intervals: From 0 ft. to 10 ft., From 31 ft. to 35 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<u>1</u> Septic tank	<u>4</u> Lateral lines	<u>7</u> Pit privy	<u>10</u> Livestock pens	<u>14</u> Abandoned water well
<u>2</u> Sewer lines	<u>5</u> Cess pool	<u>8</u> Sewage lagoon	<u>11</u> Fuel storage	<u>15</u> Oil well/Gas well
<u>3</u> Watertight sewer lines	<u>6</u> Seepage pit	<u>9</u> Feedyard	<u>12</u> Fertilizer storage	<u>16</u> Other (specify below)
			<u>13</u> Insecticide storage	

Direction from well? southwest How many feet? 75

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10 <u>04</u>	Topsoil & sandy brown clay			
10	14 <u>17</u>	Sand & gravel			
14	20 <u>04</u>	Sandy tan clay			
20	29 <u>17</u>	Sand & gravel, fine to med.			
29	37 <u>21</u>	Tan clay & Limestone			
37	76 <u>17</u>	Sand & gravel, med. to fine some coarse			

**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) 7-13-84 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/yr) 8-8-84 under the business name of Clarke Well & Eq., Inc. by (signature) [Signature]

**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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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R  
10  
EW  
SEC  
2  
SE 1/4  
SE 1/4  
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SE 1/4

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