

SW WATER WELL RECORD Form WWC-5 KSA 82a-1212								
1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number				
County: SEDG. 087		SE 1/4 NE 1/4 SE 1/4	26	T 26 S				
Range Number R 2 - W E/W								
Distance and direction from nearest town or city street address of well if located within city? Mi. 50. mi. 1/2 east Colwich KS								
2 WATER WELL OWNER: EDWIN J NEISES		EDWIN J. NEISES RT. 1 BOX 51-B COLWICH, KS 67030						
RR#, St. Address, Box # : BOX 51-B R 1		Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : COLWICH KANS 67030		Application Number: 13124						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL..... ft. ELEVATION:						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NW</td> <td style="width: 50%;">NE</td> </tr> <tr> <td style="width: 50%;">SW</td> <td style="width: 50%;">SE</td> </tr> </table>		NW	NE	SW	SE	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 750 gpm: Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 12 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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes..... No ☒ ; If yes, mo/day/yr sample was submitted..... Water Well Disinfected? Yes..... No ☒		
NW	NE							
SW	SE							
5 TYPE OF BLANK CASING USED:								
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:								
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 below)								
SCREEN OR PERFORATION OPENINGS ARE:								
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 Non-perforated hole 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify)								
SCREEN-PERFORATED INTERVALS: 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.								
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:								
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? EAST How many feet? 380 - 400								
FROM	TO	LITHOLOGIC LOG	FROM	TO				
		WELL CLOSED APPROX 8-5-1980						
		STEP-1 CASING REMOVED						
05 11 - 2		WELL FILLED WITH CLEAN FILL SAND TO 10 FT GROUND LEVEL						
11 - 3		TOP 10 FT IS GROUND FILLED						
01 12 - 4		ALL CONCRETE REMOVED AND GROUND LEVELED						
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) APPROX 8-5-1980 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)..... under the business name of..... by (signature) Edwin J Neises								
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.								