

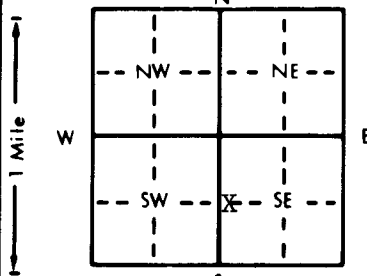
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>Kiowa</u>	Fraction <u>W 1/2</u> 1/4 <u>W 1/2</u> 1/4 SE 1/4	Section Number <u>31</u>	Township Number T <u>27</u> S	Range Number R <u>18W</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?
1 W, 3 1/2 N of Greesburg, Kansas

2 WATER WELL OWNER: <u>Kenneth Rice</u>	Abercrombie Drilling	Rice D-5
RR#, St. Address, Box # : <u>Route 1</u>	<u>801 Union Center</u>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : <u>Greensburg, Ks. 67045</u>	<u>Wichita, Ks. 67202</u>	Application Number: <u>910026</u>

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



4 DEPTH OF COMPLETED WELL: <u>148</u> ft.	ELEVATION: <u>Unknown</u>
Depth(s) Groundwater Encountered <u>1.75</u> ft.	ft. 2. ft. 3. ft.
WELL'S STATIC WATER LEVEL: <u>75</u> ft. below land surface	measured on <u>mo/day/yr</u> <u>12/18/90</u>
Pump test data: Well water was _____ ft. after _____ hours pumping	_____ gpm
Est. Yield <u>60</u> gpm: Well water was _____ ft. after _____ hours pumping	_____ gpm
Bore Hole Diameter: <u>8</u> in. to <u>148</u> ft.	_____ in. to _____ ft.
WELL WATER TO BE USED AS:	<input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 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: <u>Glued</u> Clamped
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<u>Welded</u>
<input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		<u>Threaded</u>
Blank casing diameter: <u>5</u> in. to <u>128</u> ft.	Dia _____ in. to _____ ft.	Dia _____ in. to _____ ft.	
Casing height above land surface: <u>12</u> in., weight <u>2.8</u> lbs./ft.	Wall thickness or gauge No. <u>Sch. 40</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:	<u>7 PVC</u>	<u>10 Asbestos-cement</u>	
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)	
<input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:	<u>5 Gauzed wrapped</u>	<u>8 Saw cut</u>	<u>11 None (open hole)</u>
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 10 Other (specify)		
SCREEN-PERFORATED INTERVALS: From <u>128</u> ft. to <u>148</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>148</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	

6 GROUT MATERIAL: <u>1 Neat cement</u>	2 Cement grout	3 Bentonite	4 Other
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
What is the nearest source of possible contamination:	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well	
<input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)	
<input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 13 Insecticide storage		
Direction from well? <u>South</u>	How many feet? <u>60</u>		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>25</u>	<u>Clay</u>			
<u>25</u>	<u>148</u>	<u>Sand and gravel</u>			

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) 12/18/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 3/1/91 under the business name of Kelly's Water Well Service 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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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