

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

<b>1 LOCATION OF WATER WELL:</b> County: <u>Kingman</u>	Fraction <u>SW 1/4 SE 1/4 NE 1/4</u>	Section Number <u>30</u>	Township Number <u>T 27 S</u>	Range Number <u>R 7 W E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?  
lot 21 together with easment s 5 ft of lot 22, N 5 ft of lot 24 Walker Add.

**2 WATER WELL OWNER:** Michael & Sandra Baldwin of Kingman  
 RR#, St. Address, Box # : R 1  
 City, State, ZIP Code : Kingman, Ks. 67068  
 Board of Agriculture, Division of Water Resources  
 Application Number:

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

N  W S	<p><b>4 DEPTH OF COMPLETED WELL:</b> <u>42</u> ft. ELEVATION: _____ ft.</p> <p>Depth(s) Groundwater Encountered 1. <u>22</u> ft. 2. _____ ft. 3. _____ ft.</p> <p>WELL'S STATIC WATER LEVEL <u>12</u> ft. below land surface measured on mo/day/yr <u>6-7-94</u></p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield <u>15</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Bore Hole Diameter <u>9</u> in. to <u>42</u> ft. and _____ in. to _____ ft.</p> <p>WELL WATER TO BE USED AS:</p> <table style="width:100%;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>1 Domestic</td> <td>3 Feedlot</td> <td>6 Oil field water supply</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden only</td> </tr> <tr> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> <td></td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____                  Water Well Disinfected? Yes _____ No _____</p>	5 Public water supply	8 Air conditioning	11 Injection well	1 Domestic	3 Feedlot	6 Oil field water supply	2 Irrigation	4 Industrial	7 Lawn and garden only	9 Dewatering	12 Other (Specify below)	
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**5 TYPE OF BLANK CASING USED:**

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: <u>Glued</u>	Clamped
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded	
		7 Fiberglass		Threaded	

Blank casing diameter 5 in. to 30 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface 17 in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. 210

**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)
				12 None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**

1 Continuous slot	3 Mill slot	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 30 ft. to 37 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 23 ft. to 42 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

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

Grout Intervals: From 3 ft. to 23 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? NW How many feet? 75

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	soil			
2	22	fine sand			
22	25	sand			
25	30	clay			
30	32	fine sand			
32	37	sand			
37	42	shale			

**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) 6-7-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 140 This Water Well Record was completed on (mo/day/yr) 7-12-94 under the business name of Lyman 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.