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

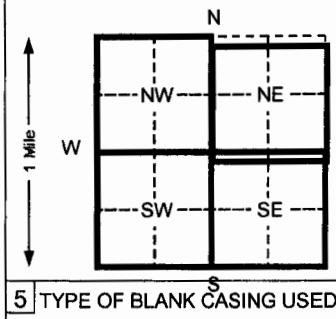
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Sedgwick**	NE ¼ NE ¼ NW ¼	26	T 29 S	R 2 W

Distance and direction from nearest town or city street address of well if located within city?
101 W. Ross, Clearwater, Kansas

2 WATER WELL OWNER: **Seward Estate c/o KDHE Time and Materials**
RR#, St. Address, Box # : **1000 SW Jackson #410**
City, State, ZIP Code : **Topeka, Ks 66612-1367**

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL **20.5** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **16** ft. 2 ____ ft. 3 ____ Ft.
WELL'S STATIC WATER LEVEL **15.50** ft. below land surface measured on mo/day/yr **06/23/04**
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 **8.625** In. to **20.5** 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) 10 Monitoring well MW-8
Was a chemical/bacteriological sample submitted to Department? Yes ____ No **X** If yes, mo/day/yr sample was Submitted
Water Well Disinfected? Yes ____ No **X**

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded ____
7 Fiberglass Threaded **X**
Blank casing diameter **2** In. to **10.5** Ft., Dia ____ In. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **FLUSH** in., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. ____
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ____
SCREEN-PERFORATED INTERVALS: From **10.5** ft. to **20.5** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ Ft.
SAND PACK INTERVALS: From **8.5** ft. to **20.5** ft. 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 From3 **0** ft. to **6.5** Ft. From2 **6.5** Ft. to **8.5** 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 **Contaminated Site**
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Gravel			
.5	17		Clayey Silt (ML)			
17	20.5		Silty Sand (SM)			
20.5	TD		End of borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w
Completed on (mo/day/yr) **06/23/04** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **07/01/04**
under the business name of **Associated Environmental, Inc.** By (signature) **Darin R Duncan**

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send 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.

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