

WATER WELL RECORD		Form WWC-5		KSA 82a-1212	
<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>Kingman</u>		<u>SW 1/4 NW 1/4 NE 1/4</u>	<u>34</u>	<u>T 29 S</u>	<u>R 6 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 N, 1/2 E, Adams</u>					
<b>2 WATER WELL OWNER:</b> <u>Charles Doze</u>		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>8845 E. Lincoln</u>		Application Number:			
City, State, ZIP Code : <u>Wichita, KS. 67207</u>					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>128</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. .... <u>40</u> ft. 2. .... <u>85</u> ft. 3. .... <u>110</u> ft.			
		WELL'S STATIC WATER LEVEL ..... <u>35</u> ft. below land surface measured on mo/day/yr <u>2-27-92</u>			
		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 ..... <u>10</u> in. to ..... <u>128</u> 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 Monitoring well .....			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No... <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
<b>5 TYPE OF BLANK CASING USED:</b>		3 Wrought iron		8 Concrete tile	
1 Steel		6 Asbestos-Cement		CASING JOINTS: <u>Glued</u> Clamped	
2 PVC		7 Fiberglass		Welded	
3 RMP (SR)		8 RMP (SR)		Threaded	
4 ABS		9 ABS			
Blank casing diameter ..... <u>5</u> in. to ..... <u>68</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface ..... <u>18</u> in., weight ..... lbs./ft. Wall thickness or gauge No. <u>SDR-26</u>					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>		7 PVC		10 Asbestos-cement	
1 Steel		8 RMP (SR)		11 Other (specify) .....	
2 Brass		9 ABS		12 None used (open hole)	
3 Stainless steel					
4 Galvanized steel					
5 Fiberglass					
6 Concrete tile					
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		6 Wire wrapped		9 Drilled holes	
2 Louvered shutter		7 Torch cut		10 Other (specify) .....	
3 Mill slot					
4 Key punched					
<b>SCREEN-PERFORATED INTERVALS:</b>		From ..... <u>68</u> ft. to ..... <u>128</u> ft., From ..... ft. to ..... ft.			
		From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
<b>GRAVEL PACK INTERVALS:</b>		From ..... <u>20</u> ft. to ..... <u>128</u> ft., From ..... ft. to ..... ft.			
		From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
<b>6 GROUT MATERIAL:</b>		1 Neat cement		2 Cement grout	
Grout Intervals: From ..... <u>3</u> ft. to ..... <u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.		3 Bentonite		4 Other <u>Baroid - Hole Plug</u>	
What is the nearest source of possible contamination:		10 Livestock pens		14 Abandoned water well	
1 Septic tank		11 Fuel storage		15 Oil well/Gas well	
2 Sewer lines		12 Fertilizer storage		16 Other (specify below)	
3 Watertight sewer lines		13 Insecticide storage			
4 Lateral lines					
5 Cess pool					
6 Seepage pit					
7 Pit privy					
8 Sewage lagoon					
9 Feedyard					
Direction from well? <u>West</u>		How many feet? <u>6,000</u>			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>2-27-92</u> ..... and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>395</u> This Water Well Record was completed on (mo/day/yr) ..... <u>3-27-92</u>					
under the business name of <u>Craig Roberts Co.</u> by (signature) <u>Craig Roberts</u>					
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.					