

WELL SITE NO. 11

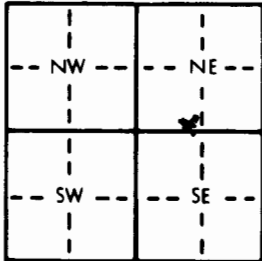
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Sumner Fraction: 1/4 1/4 1/4 Section Number: 5 Township Number: T 31 S Range Number: R 3 (W)

Distance and direction from nearest town or city street address of well if located within city?
1 mile West of 1/2 mile South of Conway Springs - Conway Springs PWS Well #11

2 WATER WELL OWNER: City of Conway Springs
RR#, St. Address, Box #: P.O. Box 187
City, State, ZIP Code: Conway Springs Kansas 67031

Board of Agriculture, Division of Water Resources
Application Number: 008670-00A

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

4 DEPTH OF COMPLETED WELL: 46 ft. ELEVATION: _____
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 _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter _____ 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 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: 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 _____
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 7 PVC 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
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 _____ 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) trailer house
13 Insecticide storage
Direction from well? 1/2 mile
How many feet? 1/2 mile

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS
46' 0 Plugged with Concrete 46' 0
Approx - 36 cu.ft.

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) Nov. 15, 1988 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N.A. This Water Well Record was completed on (mo/day/yr) May 8, 1989 under the business name of City of Conway Springs 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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.