

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: SUMNER		NE ¼ NW ¼ SW ¼	16	T 32 S	R 04 E/W
Distance and direction from nearest town or city street address of well if located within city? 230 S. MAIN, ARGONIA					
2 WATER WELL OWNER:		AG ENTERPRISES			
RR#, St. Address, Box #		PO BOX 7			
City, State, ZIP Code		ARGONIA, KANSAS			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		Board of Agriculture, Division of Water Resources Application Number:			
		4 DEPTH OF COMPLETED WELL 16.5 ft. ELEVATION: 1252.32 (TOC)			
		Depth(s) Groundwater Encountered 1 12 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 10.98 ft. below land surface measured on mo/day/yr 8-21-03			
		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 8.5 in. to 17.5 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 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:		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below)		Welded _____	
2 PVC 4 ABS		7 Fiberglass		Threaded _____ FLUSH	
Blank casing diameter 2 in. to 11.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height above land surface Flushmount in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40			
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 10 Other (specify) _____		2 Louvered shutter 4 Key punched 7 Torch cut			
SCREEN-PERFORATED INTERVALS: From 11.5 ft. to 16.5 ft. From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From 9.5 ft. to 16.5 ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other		Grout Intervals From 0.5 ft. to 9.5 ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well		2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage		Direction from well? _____ How many feet? _____			
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	5		Silty loam, lt. brown, some fine sand		
5	8		Silty clay, red brown, some fine sand		
8	14		Sand, tan, ver fine to medium grained, clayey lenses		
14	15		Sandy, clay, tan, fine to medium grained		
15	16		Sand, coarse grained to gravel		
16	17.5		Shale, red, some gray green nodules		
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/yr) 9-21-03 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 531 This Water Well Report was completed on (mo/day/yr) 10-15-03					
under the business name of GEOTECHNICAL SERVICES, INC. by (signature) _____					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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