

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

1 LOCATION OF WATER WELL: County: <b>Seward</b>	Fraction <b>NE 1/4 NE 1/4 SE 1/4</b>	Section Number <b>26</b>	Township Number <b>T 33 S</b>	Range Number <b>R 31 <u>EW</u></b>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Josephine Guldner Abercrombie RTD**  
 RR#, St. Address, Box #: **P. O. Box 928 150 N. Main Suite 801** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Syracuse, KS 67878 Wichita, Ks. 67202** Application Number: **970047**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL... <b>370</b> ... ft. ELEVATION:
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Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.

WELL'S STATIC WATER LEVEL ... **205**... 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... **8**... in. to **370**... 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...**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)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued ..... Clamped .....
2 PVC	4 ABS	7 Fiberglass		Welded .....
				Threaded .....

Blank casing diameter ..... **4.5**... in. to **310**... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface ..... **18**... in., weight ..... **2.38**... lbs./ft. Wall thickness or gauge No. **.248**

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 ..... **310**... ft. to ..... **370**... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **20**... ft. to ..... **370**... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From ..... **0**... ft. to ..... **20**... 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 <u>Oil well/Gas well</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **East** How many feet? **150'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface	174	201	Med. Sand & Gravel w/Clay Str
2	10	Loess	201	202	Cemented Sand
10	43	Clay & Caliche	202	211	Sticky Clay
43	51	Med. Sand	211	250	Med. Sand & Gravel w/Clay
51	65	Sandy Clay & Caliche	250	267	Gray Shale
65	80	Med. Sand & Gravel w/Clay St	267	280	Med. Sand
80	110	Sandy Clay & Sand Strks.	280	295	Sticky Clay
110	130	Med. Sand & Gravel	295	300	Med. Sand w/Clay
130	133	Clay	300	307	Sticky Clay
133	140	Med. Sand & Gravel	307	325	Fine to Med. Sand & Gravel
140	142	Caliche			w/Clay Layers
142	149	Caliche w/Sand & Clay Strks.	325	330	Clay
149	164	Med. Sand & Gravel w/Clay Lyr	330	332	Cemented Sand
164	166	Clay	332	370	Med. Sand w/Clay
166	174	Tight Med. Sand w/Clay Strks			

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) ..... **2-4-97** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) ..... **2-5-97** ..... under the business name of **Woofter Pump & Well, Inc.** by (signature) *Gayle Woofter*

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.