

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

1 LOCATION OF WATER WELL: County: PHILLIPS	Fraction NE ¼ SW ¼ SW ¼	Section Number 8	Township Number T 3 S	Range Number R 19 E/W
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Distance and direction from nearest town or city street address of well if located within city?
1 mile North and 1 1/2 miles West of Stuttgart KS

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code	LEO J MANZ RT 1 PRAIRIE VIEW KS 67664	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 30 ft. ELEVATION:
	Depth(s) Groundwater Encountered 1 26 ft. 2. ft. 3. ft.
	WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 4-13-98
	Pump test data: Well water was ft. after hours pumping gpm
	Est. Yield 10 gpm: Well water was ft. after hours pumping gpm
	Bore Hole Diameter 10 in. to 30 in. to ft. and in. to ft.
WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public water supply <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 12 Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was sub- mitted Water Well Disinfected? Yes No <input checked="" type="checkbox"/>	

5 TYPE OF BLANK CASING USED:	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) <input checked="" type="checkbox"/> PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 7 Fiberglass	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped Welded Threaded
Blank casing diameter in. to 10 ft., Dia in. to ft., Dia in. to ft.		
Casing height above land surface 18 in., weight 160 lbs./ft. Wall thickness or gauge No.		

TYPE OF SCREEN OR PERFORATION MATERIAL:	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS	<input checked="" type="checkbox"/> PVC <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:		
<input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)		
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.		
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.		

6 GROUT MATERIAL:	<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 4 Other	<input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.		
What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard		
Direction from well? How many feet?		

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	SURFACE CLAY			
5	20	HARD YELLOW CLAY			
20	25	MED SAND			
25	28	SOFT WHITE CLAY			
28	30	BLUE SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4-13-98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 444 This Water Well Record was completed on (mo/day/yr) 4-13-98 under the business name of ANDY ANDERSON DRILLING by (signature) <i>Andy Anderson</i>
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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.