

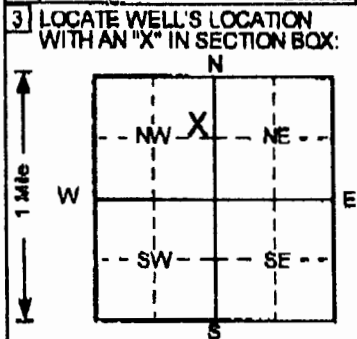
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: **Cloud** Fraction SE ¼ NE ¼ NW ¼ Section Number **21** Township Number T 5 S Range Number R 3 E **W**

Distance and direction from nearest town or city street address of well if located within city?
3 mi. north of Concordia on Hwy. 81

2 WATER WELL OWNER: **81 Texaco**
 RR#, St. Address, Box # : **P.O. Box 667**
 City, State, ZIP Code : **Salina, Kansas 67402**

Board of Agriculture, Division of Water Resources
 Application Number: **MW-14**



4 DEPTH OF COMPLETED WELL: **39** ft. ELEVATION: **1367.23**

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 **NA** ft. after _____ hours pumping _____ gpm

Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **8** in. to **39** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well

12 Other (Specify below)

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)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____ Threaded <input checked="" type="checkbox"/>

Blank casing diameter **2** in. to **39** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.

Casing height above land surface **0** in. weight **716** lbs./ft. Wall thickness or gauge No. **15.4**

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	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	
10 Other (specify) _____				

SCREEN-PERFORATED INTERVALS: From **24** ft. to **39** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **22** ft. to **39** 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 **0** ft. to **20** ft. From **20** ft. to **22** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)

Direction from well? _____ How many feet? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Clean soil (compacted)			
10	27.5	Gravel coarse (backfill)			
27.5	39	Sand, native			

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) **7/27/2003** 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) **4/5/2004**

under the business name of **Walter Pump & Well, Inc** 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 two 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.

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