| WATE | R WELI | L RECORD | Form WWC- | -5 | Division of Wate | er Resources; App. No. | | |
|--|---|---|--|-------------|--------------------------|-------------------------------|-----------------------|--|
| | _ | OF WATER WELL: | Fraction SB 1/4 SUI 1/4 A | IF ¼ | Section Number | Township Number T / 0 S | Range Number R | |
| Dist | ance and di | rection from nearest town or cit | y street address of we | ell if (| | Systems (decimal degr | | |
| loca | ted within | city? 3 4 mais bast of L | CH G FORD | | Latitude: | , · · J | ,, | |
| | | | | | Longitude: | | | |
| | | LL OWNER: FRED HEIG | | | Elevation: | | | |
| RR | #, St. Addr | ess, Box # : 686 4 H. Rd | , | | Datum: | | | |
| City | y, State, ZII | P Code : LOWIFFORM. | KS 67458 | | Data Collection | Method: | | |
| 3 LO | CATE WE | LL'S 4 DEPTH OF COMP | LETED WELL | | ft. | | | |
| LO | CATION | | | | | | | |
| WI | WITH AN "X" IN Depth(s) Groundwater Encountered (1)31 | | | | | | | |
| SEC | | TON BOX: WELL'S STATIC WATER LEVEL3/ft. below land surface measured on mo/day/yr.9//////6 | | | | | | |
| | N Pump test data: Well water wasft. afterhours pumpinggpm | | | | | | | |
| | Est. Yieldgpm: Well water wasft. afterhours pumpinggpm | | | | | | | |
| | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | |
| W | W Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | |
| | | | | | | | | |
| S | SWSE Was a chemical/bacteriological sample submitted to Department? Yes | | | | | | | |
| L <u>.</u> | Sample was submitted | | | | | | | |
| Sample was submitted | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped | | | | | | | | |
| | Steel | 3 RMP (SR) 6 Asbestos-0 | Concerns of Concer | (enecify | below) | Waldad Waldad | Cramped | |
| | | | | | | | | |
| Blank o | asing diam | eter 5 in to 33 | ft Diameter | i, | 1 to ft | Diameter — | in to — ft | |
| Blank casing diameter | | | | | | | | |
| | | N OR PERFORATION MATER | | | ioo., it. vvuii tiii | extress of gaage 110. | | |
| | Steel | 3 Stainless Steel 5 Fiberg | | 9 A | BS | 11 Other (Specify). | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| 1 Continuous slot Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| GRAVEL PACK INTERVALS: From. 25 | | | | | | | | |
| | | From | | | π., From | It. to | It. | |
| 6 GRC | OUT MAT | ERIAL: 1 Neat cement 2 C | ement grout 3.Ber | ntonite | 4 Other | | | |
| Grout I | ntervals: | From ft. to . 22 | | | | | | |
| What is | the neares | t source of possible contamination | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify | | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | | |
| | | | - | | | l well/gas well | EXTRIBUL | |
| | | | | | | TN. MEDDLE | | |
| FROM | | LITHOLOGIC | LOG | FROM | TO | PLUGGING INTE | ERVALS | |
| 3/ | 31 | CLAY | | | | | | |
| 3/ | 36 | SAND, POURLY SORT | | | | | | |
| 36 | 53_ | CLITY, TUTTER, GUN | VIL | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | - | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed. (2) reconstructed or (3) plugged | | | | | | | | |
| 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) and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | |
| under the business name of Association Oloccamb ONL by (signature) | | | | | | | | |
| INSTRU | CTIONS: Us | se typewriter or ball point pen. PLEAS | E PRESS FIRMLY and P. | RINT clearl | y. Please fill in blanks | s, underline or circle the co | Heet answers Send top | |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at | | | | | | | | |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells. | | | | | | | | |
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