| WATER WELL RECORD | | Form WWC-5 | | Division of Water Resources; App. No. | | | | |
|--|---|-----------------------|----------------------------|---------------------------------------|----------------------|--|--------------------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number Towns | | | Range Number | |
| | | NE 1/4 NE 1/4 N | | <u> </u> | | T / S S | R 19 B | |
| Distance and direction from nearest town or city street address of well if located within city? Global Positioning Systems (decimal degrees, relatitude: | | | | | | | , | |
| 13433 62 TO KELDOSA KS HANGE | | | | | Latitude: Longitude: | | | |
| 2 WATER WELL OWNER: Jam Pertue RR#, St. Address, Box # : 13433 62 del | | | | | Elevation: | | | |
| RR#, St. Address, Box # | 69 mg 2+. | | Datum: | | | | | |
| City, State, ZIP Code | Osbilosa | KT. 6606 | 6 1 | Data Co | llection N | Method: | | |
| City, State, ZIP Code Ospilosa ks. 66066 Data Collection Method: 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 150 ft. 3-180' Botes Plurget | | | | | | | | |
| Document | • | • | _ | | | | •• | |
| | | | | | | | | |
| N SECTION BOX. | Pump test data: Well water wasft. after | | | | | | | |
| Est. YieldQgpm: Well water wasft. after hours pumping | | | | | | | | |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | |
| | | | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Classic Loop . Heart. Homel. | | | | | | | | |
| SW SE Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs | | | | | | | | |
| Sample was submitted | | | | | | | | |
| S | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued | | | | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement Other (specify below) Welded Tusion Threaded Th | | | | | | | 451017 | |
| 2 PVC 4 ABS 3/ | 7 Fiberglass | H.O. | | agleac. | | Threaded | : A | |
| Casing height Social State of Social State of Social State of Social Social State of Social State of Social State of Social Social State of So | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 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 3 Mill slot 5 Gauzed 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 ft. to ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | |
| Grout Intervals: From | ft. to | ₹ ft., From | f | t. to | ft | t., From | ft. toft. | |
| What is the nearest source of | _ | | 10.1 | , | 12.7 | | 1401 4 10 | |
| DSeptic tank 2 Sewer lines | ①Lateral lines 5 Cess pool | | 10 Livestoo 11 Fuel sto | | | secticide storage bandoned water well | 16 Other (specify below) | |
| 3 Watertight sewer line | | | 2 Fertilize | | | | | |
| Direction from well? | | | | _ | | | | |
| FROM TO | LITHOLOGIC | LOG | FROM | TO | | PLUGGING INTI | ERVALS | |
| 0 3 50,1 | | | | | | | | |
| 3 13 Line | | | - | | 3-1 | 180' bures P | lugged | |
| 13 30 shak | | | 180 | 3 | 11 1 . | e. 1 Pad. | | |
| 30 33 Lime 33 60 Slake | | | 100 | | High | Denton | TE | |
| 60 85 lime | | | | | | | | |
| 83 163 Shale | , | | | | | | | |
| 163 176 Lime | | | | | | | | |
| 176 180 Shale | | | | | | | | |
| 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) 5.2.1 | | | | | | | | |
| Kansas Water Well Contractor's License No. 56. 1 This Water Well Record was completed on (mo/day/year). 521 | | | | | | | | |
| under the husiness name of | | η | by | (cianatu | | 11 / | | |
| INSTRUCTIONS: Use typewriter | or ball point pen. PLEA. | SE PRESS FIRMLY and F | PRINT clearly | . Please f | ii n blanks | , underline or circle the | sect 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 | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. | | | | | | | | |