| 1 LOCAT | TION OF WA | TER WELL: | Fraction | TIER WELL RECU | HD FO | rm wwc-s | tion Number | | ain Number | - Po | inge Nu | mhor | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|--------------------|-------------------------------------|-----------------|-------------------------------------------|----------------------------------------------------------------|------------------|-------------------|---------------|-------------|------------|--|
| ightharpoonup | 5 hours | | 5E | 1/4 SW 1/4 | 4 11 2 | | | 1 . | nip Number | | | | |
| | | | | et address of well i | NE f located w | | 3/ | <u> </u> | S | R | 16 | (EAE) | |
| Distance | and direction | nom nearest to | WIT OF City Street | et address of well i | liocaleu w | Attilit City? | | | | | | | |
| | | | O . | | | | | | | | | | |
| 2 WATER WELL OWNER: Jasperson Pizperty | | | | | | | | | | | | | |
| | | x#: UM + 1 | | | | | MW-7 | Board | f of Agricultur | e, Division o | of Water | Resources | |
| City, State | e, ZIP Code | Topek | a K5 | | | | | cation Number | | | | | |
| 3 LOCAT | E WELL'S L | OCATION WITH | 4 DEPTH O | F COMPLETED W | ELL. | 70 | ft. ELEVA | TION: | | | | | |
| AN "X" | ' IN SECTIO | N BOX: | | | | | | | | | | | |
| l . [| 1 | | WELL'S STA | undwater Encounte TIC WATER LEVE | 100 | FILGUE | olow land our | face measure | d on mo/day | her | | , | |
| | i | | 1 | | | | | | | | | | |
| | NW | NE | 1 | ump test data: W | | | | | | | | 0, | |
| | ! | ן יי | 1 | gpm: W | | | | | | | | | |
| ž w | | | | | | | | | .in. to | | ft. | | |
| 2 | WELL WATER TO BE USED AS: 5 Publi | | | | | | water supply 8 Air conditioning 11 Injection well | | | | | | |
| 1 . | | | | | | | 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | |
| | 2 Irrigation 4 Industrial | | | | | 7 Lawn and garden only 10 Monitoring well | | | | | | | |
| | i | | Was a chemic | cal/bacteriological s | ample subr | mitted to De | epartment? Ye | es | ڪ; If y | es, mo/day/ | yr samp | le was sub | |
| L - | | | mitted | | | | Wat | ter Well Disin | fected? Yes | (| No | | |
| 5 TYPE | OF BLANK C | CASING USED: | | 5 Wrought iro | n | 8 Concre | ete tile | CASINO | JOINTS: GI | ued | Clampe | d | |
| 1 S | | 3 RMP (SI | R) | 6 Asbestos-C | | 9 Other | (specify below | | | elded | | | |
| 2 P | vr> | 4 ARS | | 7 Fiberglass | | | . , , | • | Th | readed | | | |
| Blank cas | ing diameter | 2 | in to 4 | 5 ft., Dia. | | | | 4 D:- | | in to | | | |
| Cooing be | ing daneter | and audinan | .in. 10 | Section III., Dia . | | In. to | | π., טומ. | | In. to | | n. | |
| | | | | in., weight | | · · · · · · · · · · · · · · · · · · · | lbs./1 | | | | · · · · · · | | |
| İ | | R PERFORATIO | | | | O PV | | 10 | Asbestos-ce | ment | | | |
| 1 St | | 3 Stainless | s steel | 5 Fiberglass | | | IP (SR) | 11 | Other (spec | fy) | | | |
| 2 Br | rass | 4 Galvaniz | ed steel | 6 Concrete til | Э | 9 AB | S | 12 | None used | (open hole) | | | |
| SCREEN | OR PERFOR | RATION OPENIN | GS ARE: | wrapped | | 8 Saw cut | | 11 Non | e (open | hole) | | | |
| 1 Continuous slot A Mill slot 6 Wire w | | | | | | | oped 9 Drilled | | | | | | |
| 2 Lc | ouvered shutt | er 4 Ke | ey punched | 7 | 7 Torch cut | t | | 10 Other (sp | pecify) | | | | |
| SCREEN- | PERFORATE | ED INTERVALS: | From | 4.5 | t. to | 19.5 | ft Fron | n | fi | to | | ft. | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | | |
| | GRAVEL PAG | CK INTERVALS: | From | *** | | | | | | | | | |
| | | | From | | t. to | | ft., Fron | | | . to | | ft. | |
| 6 GBOU | T MATERIAL | · 1 Neat o | rement | Coment group | | 6 Banto | nite 4.6 | | | | | | |
| Grout Inte | | n | tt to | # From | 3.5 | _ Q _2061110 | to | # Fro | <i></i> | # to | | 4 | |
| | | ource of possible | contemination | ©Cement grou | | IL. | 10 | | | | | | |
| | | | | | | | - | • | | Abandoned | | weii | |
| 1 Septic tank 4 Lateral lin | | | | | | | 11 Puel s | - | | | | | |
| 2 Sewer lines 5 Cess poor | | | | • | | | | zer storage | • | | | | |
| 3 W | atertight sew | er lines 6 Seep | age pit | pit 9 Feedyard | | | 13 Insecticide storage | | | | | , <i></i> | |
| | from well? | | | | | | How man | y feet? | | | | | |
| FROM | TO | | LITHOLOG | IC LOG | | FROM | ТО | | PLUGGING | INTERVAL | .S | | |
| 0 | 0.5 | Concrete | 3 | | | | | | | | | | |
| 0.5 | / | bocks | | | | | | | | | | | |
| | 8 | Dark b.zz | con silty o | lay | | | | | | | | | |
| 5 | 19 Red bown solty clay | | | | | | | | | | | | |
| 17 | 20 | Menthon | d shill | 1 Pinistone | | | | | | | | | |
| ,,, | 1 | 2003.77527 | | 7 | | | | | | | | | |
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| 7 001 | 11 | D ANDO::::: | 20.0====== | | | | | | | | | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was | | | | | | | | | | | | | |
| | on (mo/day/ | , , | 4/23 | | | | and this record | · Pa | /3 / '3 | knowledge a | ind belie | f. Kansas | |
| | | 2) | <i>42.</i> 9 | This W | ater Well F | Record was | s completed o | n (mp/day/yr) | 6-1/9 | 11/19 | 2/5 | 1.17. | |
| under the | business nar | ne of Kc150 | = City | Testing 1 | water - | LIC: | by (signatu | re) | > 12 | malat | W T | * | |
| INSTRU | JCTIONS: Use typ | pewriter or ball point p | pen. PLEASE PRES | S FIRMLY and PRINT of | early. Please f | fill in blanks, u | nderline or circle | the correct answ | ers. Send top thr | | nsas Dep | artment | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE FIESS 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 to your records. | | | | | | | | | | | | | |