Mw-8

| WATE | R WELI | RECOR | d D | F | Form WWC | C- 5 | Division | of Water | Resources; App. No. | |
|--|---|------------------|--------------------|-----------|------------------|-------------|--|------------|----------------------------|--------------------------|
| | | F WATER | WELL: | Frac | ction 145E 41 | 1 | Section Nu | | Township Number | |
| Cour | ity: Wy | andoH | nearest town or | (Y)\ | 14 SE 1/4 | VE 1/4 | <u>4</u> | 4' ' | T I S | R 25 (B)W |
| | ed within c | | | • | | ven n | Latitude: | tioning | Systems (decimal degr | rees, min. of 4 digits) |
| 10041 | 1800 | "N. 10" | th St. | KC. | KS | | | | | |
| 2 WA | | L OWNER | t: Consco P | Willias | | | Elevation: | · | | |
| | , St. Addre | | 1274 Ph | ellips | Building | | Datum: | | | |
| City | , State, ZIF | | Bartlesville | OK | 74004 | | Data Colle | ection N | Method: | |
| | CATE WE | LL'S 4 D | EPTH OF CO | MPLET | ED WELL | | ••••• | ft. | 18.7.11 | |
| | CATION | | | _ | | | | *14 | | |
| | H AN "X" | 'IN Dep | th(s) Groundwa | ter Enco | untered (1) | | ft. (2 | 2) | ft. (3) | ft. |
| SEC | SECTION BOX: WELL'S STATIC WATER LEVEL. Drg | | | | | | | | | |
| Est. Yield | | | | | | | | | | |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | | | ection well |
| w N | W 1 E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | | |
| | | 2 Ir | rigation 4 | Industria | 7 Domes | tic (lawn & | k garden) 🚺 | Mon | itoring well | |
| SV | SW SE W | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | | | |
| Sample was submitted water well disinfected? Yes No | | | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped | | | | | | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | | | | | | |
| PVC 4 ABS _ 7 Fiberglass Threaded X | | | | | | | | | | |
| Blank casing diameter to ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface. The ft., Weight ft. Wall thickness or guage No. | | | | | | | | | | |
| Casing height above land surface: T. Wash. mountin., Weight. D. H. Wall thickness or guage No | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 VC 9 ABS 11 Other (Specify) | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | |
| 1 Continuous slot 3 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 ft. to ft., From ft. to ft. | | | | | | | | | | |
| From | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. | | | | | | | | | | |
| | | | | | | | | | | |
| | UT MATI | ERIAL: 1 | Neat cement | 2 Cemei | nt grout (3.) | entonite | 4 Other | | | |
| Grout Ir | | | ossible contamin | | ft., From | | ft. to | It. | ., From | ft. toft. |
| | Septic tank | - | 4 Lateral line | | rivy | 10 Livesto | ock nens | 13 Ince | ecticide Storage | 16 Other (specify |
| | Sewer line | | 5 Cess pool | | vage lagoon | Fuel st | | | andoned water well | below) |
| | | sewer lines | • | | | | er Storage | | well/gas well | , |
| | | 1? | | | | | | | | |
| FROM | ТО | | LITHOLOG | | | FROM | TO | | PLUGGING INTI | ERVALS |
| 0 | 15 | SILTYC | LAY, Bro | wn | • | | | | | |
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| | | | | | | | | | | |
| 7 CONT | RACTO | R'S OR LAI | NDOWNER'S | CERTIF | ICATION: | This water | well was fi | Constru | ucted, (2) reconstructe | ed. or (3) plugged |
| | | | | | | | | | the best of my know | |
| Kansas | Water Well | Contractor | 's License No | 410 | This Wate | r Well Red | ord was cor | mpleted | øn (mo/day/year) | 3/25/06 |
| under th | e business | name of K | elow Gro | und | Surta | ce In | (signature |) W | 72/ | |
| INSTRUC | CTIONS: Us | e typewriter or | ball point pen. Pl | EASE PRI | ESS FIRMLY and | PRINT clear | ly. Please fill | in blanks, | underline or circle the co | orrect 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.kdhe.state.ks.us/geo/waterwells.