| WATER WELL RECORD | | | Form WWC- | 5 | Division | of Water | r Resources; App. No. | | | |
|--|---|---|---|---|--------------------|------------------------------|-----------------------|---|--|--|
| | | F WATER WEL | | Fraction | | Section Nu | ımber | Township Number | | |
| Count | y: (> | cary | | v street address of we | h/1/4 | 21 | | TIS | R 5 EW | |
| | | | est town or city | street address of we | | | _ | · - | egrees, min. of 4 digits) | |
| locate | d within ci | y, 2ail | es Nin | Of June | | Latitude: | | | | |
| 2 WAT | FR WEL | L OWNER: Ge | ary Co R | wd # 4 \ C | turi | Congnua Elevation | e: | | | |
| RR#. | St. Addres | s, Box # : 72 | 1 bio 50. | wd # 4 C | 7 | Datum: | • | | | |
| City, | State, ZIP | Code : M. | Ford, KSE | (1511) | i | Datum. Data Coll | ection N | Method: | | |
| 3 LOC/ | ATE WEI | | H OF COMP | LETED WELL! | | | | victilou. | | |
| _ | ATION | L S 4 DEI II | | BEIED WEEE | ~~ | | | | | |
| 1 | HAN "X" | IN Depth(s) | Depth(s) Groundwater Encountered (1) | | | | | | | |
| SECT | TION BOY | WELL'S | WELL'S STATIC WATER LEVEL7.=1.0ft. below land surface measured on mo/day/yr8=25=0 | | | | | | | |
| | N | Pump test data: Well water wasft. after hours pumping g | | | | | | | | |
| X | Est. Yield. loo gpm: Well water was | | | | | | | | | |
| | NW NE 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 9 Dewatering 12 Other (Specify below | | | | | | | | | |
| W H | | E 1 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 | | | | | | | | |
| ' | | | | | | | | | | |
| SW | SE- | Was a che | emical/bacterio | ological sample subm | nitted to [| epartment | ? Yes. | No x ; | If yes, mo/day/yrs | |
| | Sample was submitted | | | | | | | | | |
| | S | | | | | | | | | |
| 5 TYPE | OF CAS | NG USED: | 5 Wrought Ir | | | | CASINO | | X Clamped | |
| 1 | | 3 RMP (SR) | 6 Asbestos-C | | (specify | | | | | |
| | | ABS | 7 Fiberglass | | | | | | ed | |
| Blank casing diameter | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | |
| 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 | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | |
| From | | | | | | | | | | |
| | | | | | | | | | | |
| 1 | | | | | | | | | | |
| Grout Int | | | | | 1 | t. to | ft | , From | ft. toft. | |
| | ne nearest Septic tank | source of possibl | ateral lines 7 | | 0 Livesto | ck nens | 13 Ins | ecticide Storage | 16 Other (specify | |
| | Sewer lines | | | | 1 Fuel sto | | | andoned water well | | |
| | | sewer lines 6 S | | 2 2 | | er Storage | | l well/gas well | Ortch | |
| | | ?Nort | | | Iow many | feet? | | f- / | | |
| FROM | TO | | ITHOLOGIC | LOG | FROM | TO | | PLUGGING IN | ΓERVALS | |
| 0 | | top soil f | | | | | | | | |
| 7 | | clay brown | | | | - | | | | |
| 11 | | fine sand | | h | | | | | | |
| 26 | | | | sand grey b | rown | + | | | | |
| 51 | | shale grey | | | | - | | | | |
| 51 | | limestone | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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)8-25-08 and this record is true to the best of my knowledge and belief. | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 182 This Water Well Record was completed in (mo/day/sear) 1=14-09 | | | | | | | | | | |
| under the | e business | name of Stra | der Dril | ling Co., IN | | (signatur | | in Ste | | |
| INSTRUC | TIONS: Us | e typewriter or ball p | oint pen. <u>PLEAS</u> and Environment | E PRESS FIRMLY and P. Bureau of Water Geolo | <i>RINT</i> clearl | y. Please fil 1000 SW Inc | I in Manks | s, underline of circle the Suite 420 Toneka Kans | correct answers. Send top as 66612-1367. Telephone | |
| 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. | | | | | | | | | | |