| | VVAI | ER WELL RECORD | FOITH WWWC-5 | NOM OZA | 1212 | | |
|-----------------------------------|----------------------------|----------------------------|----------------------------|--|--|--------------|---|
| 1 LOCATION OF WATER WEL | | , | Section | Number | Township Numb | | Range Number |
| County: Geary | | NW 1/4 NE | 1/4 | ?4 | <u> </u> | <u>(S)</u> | R & (E)W |
| Distance and direction from nea | arest town or city? 8 | S JE OF | Street address | of well if I | ocated within city? | | |
| 2 WATER WELL OWNER: | JIWAY DIL CO. | Inc. | 1 | | | | |
| RR#, St. Address, Box # | IRST NATION | AL BANK | | | Board of Agric | ulture. Divi | sion of Water Resources |
| City, State, ZIP Code : 7 | | | 1 | | Application Nu | | |
| 3 DEPTH OF COMPLETED V | | | | | ft., and | in | i. to |
| Well Water to be used as: | 5 Public water | | 8 Air condition | | 11 Injecti | | |
| 1 Domestic 3 Feedlot | 6 Oil field water | • • • | 9 Dewatering | J | • | (Specify b | elow) |
| 2 Irrigation 4 Industrial | 7 Lawn and ga | • • • | 10 Observation | well | | | · |
| Well's static water level | | | Feb | mo | | | |
| Pump Test Data | | ft. after . ft. after | | | | | |
| 4 TYPE OF BLANK CASING | | 5 Wrought iron | | | | | Clamped |
| | RMP (SR) | 6 Asbestos-Cement | 9 Other (sp | | | | ····· |
| 2 01/0 | ABC | 7 Fiberalass | • • | - | | Throado | |
| Blank casing dia | in in 0-3: | 5 # Dia 5 | in to | 45-5 | 5.5 ft Dia 5 | inieauei | 1065-85 # |
| Casing height above land surfa | | | | | | | |
| TYPE OF SCREEN OR PERFO | | m., worgitt | 7 PVC | · +· · · IUS./ | 10 Asbesto | | • |
| | Stainless steel | 5 Fiberglass | 8 RMP (| SB) | | | |
| | Galvanized steel | 6 Concrete tile | 9 ABS | O(1) | 12 None u | | |
| Screen or Perforation Openings | | | d wrapped | | 8 Saw cut | | None (open hole) |
| , , | 3 Mill slot | | , , | | 9 Drilled holes | | None (open noie) |
| 1 Continuous slot | | 7 Torch | wrapped | | 9 Drilled noies 10 Other (specify) | | |
| | 4 Key punched | | | | | | |
| | | | | | | | |
| Screen-Perforated Intervals: | From | 4 4 5 | | From | | | |
| 0. 15 114 11 | | ft. to 6.5 | ft., | From | | | · · · · · · |
| Gravel Pack Intervals: | | | | | | | |
| | From | ft. to | | From | | ft. to | π. |
| | Neat cement | 2 Cement grout | | 9 4 (| Other | | |
| Grouted Intervals: From | | π., From , | π. to | | | | |
| What is the nearest source of p | | 7.0 | | 10 Fuel s | = | | doned water well |
| 1 Septic tank | 4 Cess pool | 7 Sewage lago | on | | ter storage | | ell/Gas well |
| 2 Sewer lines | 5 Seepage pit | 8 Feed yard | | | icide storage | 16 Other | (specify below) |
| 3 Lateral lines | 6 Pit privy | 9 Livestock per | | | tight sewer lines | | |
| Direction from well | . £ Hov | | | | Well Disinfected? Yes | | |
| Was a chemical/bacteriological | | • | | | | | : If yes, date sample |
| | | day | | | | | |
| If Yes: Pump Manufacturer's na | | | | | | | |
| Depth of Pump Intake | | | Pumps Capacit | | | | gammin |
| | | | 3 Jet | 4 Centri | | procating | 6 Other |
| 6 CONTRACTOR'S OR LAND | | | | | | ged under | my jurisdiction and was |
| completed on .MARCh. | | month# | | . day | 1981 | | year |
| and this record is true to the be | | | | License No | | ス | |
| This Water Well Record was co | | | onth ∜ _, | <u> </u> | day . /. 9. 8 . / | | year under the business |
| name of STRAder DR | - 11 | | oy (signature) 📈 | Jal | | ren | |
| 7 LOCATE WELL'S LOCATIO | | LITHOLOG | IC LOG | FROM | то | LITH | OLOGIC LOG |
| ─ WITH AN "X" IN SECTION BOX: | 0 3 | TOP SOIL | | | | | |
| | 3 23 | Clay, brown | | | | | |
| N | 23 40 | Shale, gray, R | ed | ļ | | | |
| | 40 42 | Limes Tone Yo | ellow | | | | |
| NW NE | 92 60 | Shale Red | | | | | |
| E W | 60 63 | LIMESTONE | Brown | | | | |
| - 7 i i | 63 85 | | ed | | | | |
| SW SE | | 11.76 | | | | | |
| <u> </u> | | | | | | | |
| S 1 1 Mile | | | | | | | |
| ELEVATION: | | | | | | | |
| Depth(s) Groundwater Encount | ered 1 🐠 # | 2 # 2 | # A | 4 | // // // // // // // // // // // // // | ond shart | |
| INSTRUCTIONS: Use typewrite | r or ball point pen. pleas | e press firmly and PRINT | clearly Please f | ill in blanks | Use a sec | e correct a | newers Send ton three |
| copies to Kansas Department of | Health and Environment | Division of Environment, \ | Water Well Contro | actors, Top | eka, KS 66620. Send | one to WAT | ER WELL OWNER and |
| retain one for your records. | | | | | | | |