			WATE	RECORD	Form WWC-5	KSA 82	1-1212 RANNEY	COLLECTOR WELL	
_	ON OF WAT	TER WELL:	Fraction			tion Number	10	70 - 1	
	<u>Johnson</u>		SE 1/4		NE 1/4	27		s R 22 (E)w	
Distance and direction from nearest town or city street address of well if located within city? N 251048.827 E 2180378.616									
2 WATER	R WELL OW	NER: City o	f Olathe.	Kansas Utilit	ies Dept.	, .	Ranney Colle	ector Well	
RR#, St. Address, Box # : 400 North 7 Highway, P.O. Box 768 Board of Agriculture, Division of Water Re									
City, State	ZIP Code	Olathe	, Kansas				Application Num		
LOCATE	WELL'S LO	OCATION WITH	4 DEPTH OF C	OMPLETED WELL	65	. ft. ELEV	ATION Grade = 78	84.0 feet ms1	
→ AN "X"	IN SECTION	BOX:	Depth(s) Ground	water Encountered 1.	25.3	ft.	2	ft 3 ft	
_τ Γ	i i	` 	WELL'S STATIC	WATER LEVEL 25	.31 ft he	elow land su	rface measured on mo/o	_{tav/vr} 2/2/98	
1	i		Primi	n test data: Well water	was 35.2	20 4	after 100 hou	urs pumping 8,000 gpm	
Pump test data: Well water was 35.20 ft. after 100 hours pumping test. Yield 7,000 gpm; Well water was ft. after hours pumping test. Yield 7,000 gpm; Well water was ft. after hours pumping test. Yield 7,000 gpm; Well water was ft. after hours pumping test.							re numning gpm		
<u>'</u>	-		Bore Hole Diam	eter 240 in to	69 ft a		andin. to		
¥₩⊨	-	E				8 Air conditioning	11 Injection well		
-	i		1 Domestic	_	6 Oil field water supply				
-	- SW	SE	2 Irrigation						
1	! !	! ! ! !	•					If yes, mo/day/yr sample was sub-	
<u>ł</u> L		<u> </u>	mitted	bacteriological sample s	ubmitted to De		ater Well Disinfected? Y	· · · · ·	
E TYPE C	DE DI ANIK C	CASING USED:	milled	E Mrought iron	8 Concre			Glued : Clamped	
→		3 RMP (SF	٥١	5 Wrought iron				Welded Poured concrete	
1 Ste 2 PV			٦)	6 Asbestos-Cement		specify belo			
Plank sasi	· · · · · · · · · · · · · · · · · · ·	4 ABS 240	· 69	7 Fiberglass	7.7.777		4 Dia	Threaded with water stop	
Casina bai	ng diameter	and surface	.in. το Υ ∻ 132	π., Dia	in. to		π., Dia ./ft. Wall thickness or ga	in to ft.	
Casing nei	giit above is	and Sunace	· · T T F · · · · · · ·	.in., weight		105	The wan trickness of ga	uge 140	
		R PERFORATION		·	7 PV		10 Asbestos		
1 Steel			_		8 RMP (SR)			pecify)	
2 Brass 4 Galvaniz SCREEN OR PERFORATION OPENIN					9 ABS	5		ed (open hole)	
				5 Gauzed wrapped			8 Saw cut	11 None (open hole)	
1 Continuous slot 3 Mill slot									
	uvered shutt		ey punched	7 Torch			to Other (appoint)		
SCREEN-PERFORATED INTERVALS: *From **1									
C	BRAVEL PA	CK INTERVALS:	From +1/ ++	π. το		n., Fro	om	· π. το	
-1			From	ft. to		ft., Fro	om Placed 1/2	ft to ft.	
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3Bentonite 4 Other Placed 1/2 pallet of bentonite around calsson at 30 ft ft.									
		ource of possible					stock pens	14 Abandoned water well	
1 Septic tank 4 Lateral				7 Pit privy					
	wer lines	5 Cess	•	• •			ertilizer storage 16 Other (specify below)		
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage									
Direction f				100	1 50014		any feet?	ING INTERVALS	
FROM 0	8 8	STIT clay	LITHOLOGIC	rown med-stiff	FROM	то		B" outside diameter	
8	25			y-brown, soft	+			l lineal feet per	
25	33							D feet; #2-195 feet;	
				trace clay gra	y soft				
33	35		, silty, g					4-210 feet; #5-200ft;	
35	42			d GRAVEL f-c		· ·		eet blank section at	
			bles, gray				caisson end; la		
42	48		-	ome gravel f,	1 1			zontally from caisson	
				ce cobbles, ol:			at center line	elevation of	
48	52			f-c, light ol	ive-gray		721.5 feet ms1	,	
		some cob							
52				l, f, olive-gr					
57	68			, f-c, olive g	ray				
			lay (1") a					·	
68	69			m-c, some cob				·	
		light ol	ive-gray	The state of the s	65	69	Steel reinforce	ed concrete plug pour	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1 constructed. (2) reconstructed, or 1 plagged under my jurisdiction and was									
completed on (mo/day/year)									
Water Well Contractor's License No This Water Well Record was completed on (mo/day/yr),									
				.,Ranney Divis			ature)	Esta D. Shea	
INSTRU	CTIONS: Use tv	pewriter or ball point i	pen. PLEASE PRESS I	FIRMLY and PRINT clearly. Plea	ase fill in blanks. u			p three copies o Kansas Department	
							OWNER and retain one for your		

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