| Trocation of w | | | R WELL RECORD | Form WWC-5 | | | | r = | |
|---|---|---------------------------|--|---|--------------------------------------|------------------------------------|---|-----------------------|---------------------|
| LOCATION OF W | | Fraction | N.C. | 1 | tion Number | Townsh | nip Number 13 S | Range Nui | mber E/ W |
| County: Dickins Distance and direction | | | center 1/4 SF | | 4 | <u> </u> | 13 3 | <u> </u> | L/ PR |
| | st of Detroit | • | | | | | | | |
| WATER WELL O | | | | | | | | | |
| RR#, St. Address, B | 117001 | | Orive, Suite 1 | 05 | | Board | Lof Agriculture F | Division of Water | Resourc |
| City, State, ZIP Code | | | • | | | | cation Number: | | 71000010 |
| | LOCATION WITH 4 | | OMPLETED WELL | | ft. ELEVAT | ΓΙΟΝ: | | | |
| [! | N De | | water Encountered 1 WATER LEVEL | | | | | | |
| NW | NE | | test data: Well water | | | | | | |
| l iii | | | :500 gpm: Well wate | | | | | | |
| : w | Bc و ا | ore Hole Diame | eter20in. to | 58 | | | | to | f |
| w ! | ! w | ELL WATER T | O BE USED AS: | 5 Public water | | 8 Air condition | | Injection well | |
| sw | - SE | 1 Domestic | 3 Feedlot | 6 Oil field wa | ter supply | 9 Dewatering | g 12 (| Other (Specify be | elow) |
| ï | | X ₂ Irrigation | | - | - | | | | |
| | \ | as a chemical/l | bacteriological sample | submitted to De | epartment? Ye | sNo | X; If yes, | mo/day/yr sampl | le was su |
| | | itted | | | | er Well Disin | fected? Yes | X No | |
| TYPE OF BLANK | CASING USED: | | 5 Wrought iron | 8 Concre | ete tile | CASING | G JOINTS: Glued | I .XClampe | d |
| 1 Steel | 3 RMP (SR) | | 6 Asbestos-Cement | 9 Other | (specify below |) | Welde | ed | |
| X PVC | 4 ABS | | 7 Fiberglass | | | | | ided | |
| | | | ft., Dia | | | | | | |
| | | | .in., weight8. | 878 | lbs./f | t. Wall thickn | ess or gauge No | D 413 | <i></i> . |
| YPE OF SCREEN (| OR PERFORATION N | MATERIAL: | | ΧPV | | 10 | Asbestos-ceme | nt | |
| 1 Steel | 3 Stainless st | eel | 5 Fiberglass | 8 RM | IP (SR) | 11 | Other (specify) | | |
| 2 Brass | 4 Galvanized | | 6 Concrete tile | 9 AB | S | 12 | None used (ope | en hole) | |
| CREEN OR PERFO | PRATION OPENINGS | ARE: | 5 Gauz | ed wrapped | | 8 Saw cut | | 11 None (open | hole) |
| 1 Continuous slot X Mill slot | | | 6 Wire | | 9 Drilled holes | | | | |
| 2 Louvered shu | itter 4 Key | • | 7 Torch | | | | | | |
| CREEN-PERFORAT | TED INTERVALS: | From 3 | 8 ft. to | 58 | ft., From | n | ft. to | o <i></i> | ft |
| GRAVEL PA | ACK INTERVALS: | | 0 ft. to | | | | | | |
| | | From | | | | | ft. to | | ft |
| GROUT MATERIA | L: 1 Neat cerr | nent | X Cement grout | | | | | | |
| rout Intervals: Fro | | | ft., From | ft. | to | ft., Fro | m <i>.</i> | . ft. to | ft |
| | | | none within 1 | | | | | andoned water v | |
| Septic tank | | | 7 Pit privy | , | 11 Fuel sto | | | | |
| 2 Sewer lines 5 Cess pool | | ol | 8 Sewage lagoon | | 12 Fertilizer storage | | 16 Other (specify below) | | w) |
| 3 Watertight se | wer lines 6 Seepage | e pit | 9 Feedyard | | | icide storage | | | |
| irection from well? | | | • | | How man | v feet? | | | |
| FROM TO | | LITHOLOGIC | LOG | FROM | ТО | | PLUGGING IN | NTERVALS | |
| 0 15 | Topsoil wi | th clay | | | | | | | |
| 15 25 | Clay mixed | l with Fi | ne sand | | | | | | |
| 25 40 | Medium Sar | | | | | | | | |
| 40 55 | Coarse Sar | nd mixed v | with Rock | | | | | | |
| 55 58 | Gray Shale | | | | | | | | |
| | <u>-</u> | | | | | | | | |
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| 0017010707 | 00 44:00:::::::::::::::::::::::::::::: | 0505:5:5:5 | ON THE | | L | | /o\ | | |
| | | | ON: This water well w | | | | | | |
| impleted on (mo/day | y/year) 10./.1 | 0/96 · · · · | · · · · · · · · · · · · · · · · · · · | | and this record | d is true to th | e best of my kno | owledge and belie | er. Kansa |
| ater Well Contracto | rs License No 1 | .38 | This Water W | ell Record wa | s completed o | | | 96 | |
| | | | ion, Inc. | | | ure) M | / | | |
| INSTRUCTIONS: Use of Health and Environ | typewriter or ball point pen. ment, Bureau of Water, Top | PLEASE PRESS F | IRMLY and PRINT clearly. Ple 0-0001. Telephone: 913-296-5 | ease fill in blanks, u 5545. Send one to | underline or circle WATER WELL OW | the correct answ NER and retain | ers. Send top three one for your records. | copies to Kansas Depa | artment |