| | | WATER WELL RECO | ORD Form WWC-5 | KSA 82a-1 | 212 ID N | 0 | | | |
|--|------------------------------|------------------------------|-------------------------------------|---------------------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------|--|
| 1 LOCATION (| OF WATER WELL | L: Fraction | | Sec | tion Number | Township N | umber | Range Number | |
| CountyDICKI | NSON | SE 1/4 | SW ¼ SW | /4 | 9 | <u> T 15 </u> | S | R 1 E/W± * | |
| Distance and dire | ection from neare | est town or city street a | ddress of well if located | within city? | | | | | |
| 11 mile | s South | of Abilene, | Ks on Hwy 15 | to 110 | 00 Ave | & 5½ mile | s West | | |
| 2 WATER WEL | | L & Edna Emi | _ | | | 2 | | | |
| RR#, St. Address | s, Box # : 3 | 45 – 1100 Av | re e | | | | | ivision of Water Resources | |
| City, State, ZIP (| Code : A | bilene, Kans | as 67410 | · · · · · · · · · · · · · · · · · · · | | Application | Number: | | |
| 3 LOCATE WEL AN "X" IN SEC | L'S LOCATION W | Depth(s) Ground | dwater Encountered | 14.6. | ft | . 2 | ft. 3 | , | |
| [| <u>N</u> | ¬ | WATER LEVEL3.0 |)ft. belo | w land surfac | e measured on mo | o/day/yr8. | | |
| 1 | i | Pum | ip test data: Well wate | r was | ft. 6 | after | hours p | umping gpm umping gpm | |
| NW | NE | | | Public water s | | 8 Air conditioning | | jection well | |
| | 1 | 1 Domestic | | Oil field water | | 9 Dewatering | 12 C | other (Specify below) | |
| w ; | | E 2 Irrigation | 4 Industrial 7 | Domestic (law | n & garden) | 10 Monitoring wel | 1 | | |
| 1 | 1 | | | | | | | | |
| SW | SE | Was a chemical mitted | /bacteriological sample | submitted to [| | Yes No* ater Well Disinfect | | no/day/yrs sample was sub- * No | |
| E TYPE OF PL | S ANK CACINIC III | | C Married incom | 0.0 | 4- 41- | CACINO IO | INTO: Ohio | d * Clampad | |
| 5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) | | | 5 Wrought iron 6 Asbestos-Cement | 8 Concre 9 Other (| te tile specify below | | INTS: Glued* Clamped | | |
| 2 PVC | 4 AB | ` ' | 7 Fiberglass | | | | | aded | |
| Blank casing dia | meter5 | in. to | 5.0 ft., Dia | | in. to | ft., Di | a | ft. | |
| Casing height at | ove land surface | 24 | in., weight | 2.0.0 | | lbs./ft. Wall thickne | ess or guag | e No. • 2.5.0 | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-Cement | | | | | | | | | |
| 1 Steel | | ainless Steel | 5 Fiberglass | | P (SR) | | |) | |
| 2 Brass | | Ivanized Steel | 6 Concrete tile | 9 AB | > | | ne used (op | • | |
| | ERFORATION OF | | | ed wrapped | | 8 Saw cut | | 11 None (open hole) | |
| 1 Continuou 2 Louvered | | 3 Mill slot 4 Key punched | 7 Torch | wrapped cut | | 9 Drilled holes 10 Other (specif | v) | ft. | |
| | ORATED INTER | • • | | | 4 | ` . | • • | ft. | |
| SCHEEN-PERF | ORATEDINTER | From | It. to ft to | 0.0 | π., From | | ft. to | ft. | |
| GRAV | EL PACK INTER | VALS: From | 2 ³ ft. to | 5.0 | ft., From | | ft. to | ft. | |
| | | From | ft. to | | ft., From | | ft. to | ft. | |
| 6 GROUT MA | TERIAL: 1 | Neat cement | : Cement grout | 2 Pont | onite 4 | 1 Othor | | | |
| | | | | ft_t/ | onite . | | | ft. toft. | |
| | | ssible contamination: | | | 10 Livest | | | bandoned water well | |
| 1 Septic tar | • | Lateral lines | 7 Pit privy | | 11 Fuel storage | | | 15 Oil well/Gas well | |
| 2 Sewer lines 5 Cess pool | | | 8 Sewage lagoon | | 12 Fertilizer storage | | 16 Other (specify below) | | |
| 3 Watertight sewer lines 6 Seepage pit | | | 9 Feedyard | | 13 Insecticide storage | | | | |
| Direction from w | -110 | ORTHEAST | · | APPROX | How man | ny feet? | 2.0 | | |
| FROM 1 | го | LITHOLOGIC | LOG | FROM | то | | JGGING IN | TERVALS | |
| 0 - | 7 DARK | TOP SOIL | | | | | | | |
| 7 | | COLOR CLAY | | | | | | | |
| 16 | | COLOR CLAY | | | | | | | |
| 38 4 | | CLAY & SHA | LE | | | | | | |
| 49 5 | 50 WHIT | E GYPSUM ROO | CK | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | <u></u> | | | | | | | |
| | | | | | | | | | |
| | | n | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | 1 | | | | | |
| | | | | | | | | | |
| Z CONTRACTO | DR'S OR LANDO | WNER'S CERTIFICAT | ION: This water well w | as (1) constru | cted, (2) reco | onstructed, or (3) p | olugged und | der my jurisdiction and was | |
| completed on (mo | o/day/year) <mark>8</mark> / | / 14 / 03 | | | and this re | cord is true to the b | est of my kr | nowledge and belief. Kansas | |
| Water Well Contr | actor's Licence N | lo39.7 | 7This Water | Well Record | was complete | d on (mo/day/yr) | | <u>/</u> -0-3 | |
| | | ENTRAL KANSA | | , | | signature) | | martin | |
| INSTRUCTIONS: | I lee typewriter or hall r | point non DI EASE DRESS El | MIV and PRINT clearly Please | fill in blanks und | erline or circle the | correct answers. Send to | on three copies | to Kansas Department of Health | |

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct 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.