| WATER WELL RECORD | Form WWC | | Division | of Wate | r Resources; App. No. | | | |
|--|---|-------------|--|-----------|-----------------------|--------------|--|--|
| 1 LOCATION OF WATER WE County: MOrris | LL: Fraction | | ection N | umber | Township Number | Range Number | | |
| County: MOFFIS | Sw1/4 1/4 | | | | 12 T 16 S R 8 EW | | | |
| located within city? 1/8 | rest town or city street address of w | - | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: | | | | | |
| located within city? 1/8 mile East of Council Grove Latitude: Longitude: Latitude: Longitude: Elevation: | | | | | | | | |
| 2 WATER WELL OWNER: (| ledric L. Hooks Si | -, F | Elevation | i: | | | | |
| RR#, St. Address, Box # : 6 | 845 Verde Drive | I | Datum: | | | | | |
| City, State, ZIP Code : K | ansas City, KS 6611 | | | lection 1 | Method: | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL | | | | | | | | |
| LOCATION | | | | | | | | |
| | | | | | | | | |
| SECTION BOX: WELL'S | WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr Pump test data: Well water wasft. after hours pumping gpm | | | | | | | |
| Fst Vie | Est. Yieldgpm: Well water was | | | | | | | |
| ' WEIT | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | |
| | F 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 | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes | | | | | | | |
| S Sample was submitted | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped | | | | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | | | | |
| 2 PVC 4 ABS 7 Fiberglass | | | | | | | | |
| Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | |
| 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. Guazed 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) | | | | | | | | |
| From | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | |
| CONCUENTATIONAL INC. ACCUMANTAL A | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify | | | | | | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well Direction from well? How many feet? | | | | | | | | |
| | LITHOLOGIC LOG | FROM | TO | | PLUGGING INT | | | |
| 0.0 4.5 Top So | | TROM | 10 | | TLOGGING INT. | ERVALS | | |
| 1.0 1.0 | | 4.5 | 5.0 | Ben | tonite Plu | 9 | | |
| 5.0 24.0 Gravel, | Sand + Sub Soil | | 1701 / 1 | | | | | |
| | | 24.0 | 25.0 | Chle | itine + Sa | ind | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 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) | | | | | | | | |
| Kansas Water Well Contractor's Li | cense No This Water | r Well Reco | red was | complete | d on (mo/day/year) | 5 - 30 - 01 | | |
| Under the business name of | | • | (signatu | · / | to Bea Ti | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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. | | | | | | | | |