| WATER V | VELL R | ECORD | Form WWC-5 Division of Water Resources; App. No. | | | | | | |
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| County: LYON | | | Fraction 5 1/4 5 1/4 5 | B 1/4 | Section Nun | | Township Number T / S | R 10 €W | |
| Distance | and directi | on from nearest town or cit | street address of well if | | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | | |
| located v | vithin city? | O KINTER NO | | Latitude: 38.59619 | | | | | |
| 2 WATER WELL OWNER: JOHN FIAM | | | -7 <i>//</i> | Longitude: 96.33587 Elevation: 1249 | | | 1249 | | |
| RR#, St. Address, Box # : 3017 ADB | | | | | Datum: | | | | |
| | ate, ZIP Co | 30.772 | WE VS 1.1.0.41 | | | ction N | Method: | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL Data Collection Method: | | | | | | | | | |
| | LOCATION | | | | | | | | |
| | | | | | | | ft. | | |
| SECTION BOX: WELL'S STATIC WATER LEVELft. t | | | | | | . below land surface measured on mo/day/yr4/16196 | | | |
| | N | Pump test data | Well water was | | | | | | |
| Est. Yieldgpm: Well water wasft. after hours pumping | | | | | | | | | |
| | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below the conditioning below the condition the condition below the conditi | | | | | | | | |
| w | E 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 | | | | | | | | |
| | | | | | | | | | |
| sw | Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs | | | | | | | | |
| Sample was submitted | | | | | | | | | |
| S | | | | | | | | | |
| 5 TYPE O | | GUSED: 5 Wrought I | ron 8 Conc | rete tile | | CASING | JOINTS: Glued | | |
| 1 Stee | | MP (SR) 6 Asbestos- | Cement 9 Other | (specify | | | | | |
| PV | 4 A | BS 7 Fiberglass | A Diameter | | | | Threaded | : | |
| Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Wall thickness or guage No. 50R26 | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 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 Mill slot 5 Gauzed 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) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| From. ft. to ft., From ft. to ft. | | | | | | | | | |
| From | | | | | | | | | |
| From | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other | | | | | | | | | |
| Grout Inter | vals: | From ft. to | 3 ft From | | ft. to | ft | From | ft. toft. | |
| Grout Intervals: From3 | | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 6 Other (spec | | | | | | | | 6 Other (specify | |
| | | | Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | _ , , | | |
| | tertight sev | | Feedyard 12 Fertilizer storage 15 Oil well/gas wel How many feet? | | | | | FXI STONE WELL | |
| FROM | TO TO | LITHOLOGIC | | FROM | | | PLUGGING INT | | |
| O | | LAY, WEATHERE | | FROM | 10 | | FLOODING INT | ERVALS | |
| | | EMASTONE, YELL | WHITE | | | | | | |
| | 3/ 5 | WALE TAN | | | | | | | |
| | 3 2 | IMPSTINE, 4- | O | | | | | | |
| 35 5 | 57 5 | HALB, GRAY | | | | | | , | |
| 57 6 | 12 1 | IMPSTONE, WHIT | <u>发</u> | | | | | | |
| — | 8 5 | HALB GLAY | | | | | | | |
| 68 7 | | o YPSOM | | <u> </u> | | | | | |
| 74 / | to 3 | SHALR, GRAY | | | | _ | | | |
| 7 CONTRACTORS OF LANDOWNED'S CERTIFICATION. This waster well was 10 and | | | | | | | | | |
| 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 License No | | | | | | | | | |
| under the business name of ASSOCIATED DISCUSSION by (signature) | | | | | | | | | |
| INSTRUCTI | ONS: Use ty | pewriter or ball point pen. PLEA | ISE PRESS FIRMLY and I | PRINT clea | rly. Please fill | in blanks | s, underline or circle the c | orrect answers. Send top | |
| three copies to 785-296-5522 | o Kansas Dep | artment of Health and Environment to WATER WELL OWN | nt, Bureau of Water, Geold IER and retain one fo | ogy Section | i, 1000 SW Jacl ecords. Fee | kson St., S | Suite 420, Topeka, Kansa 00 for each constructe | s 66612-1367. Telephone d well. Visit us at | |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | |