| | TER WELL RECO | | Form WW | C-5_ | | ater Resources; App. No. | |
|--|---|------------------|---------------------------------------|--------------|--------------------|---------------------------|-----------------------------|
| | LOCATION OF WATER County: LANKL | | Fraction 18 1/4 | CF1/ | Section Number | Township Number | Range Number R /7 EW |
| | Distance and direction from | n nearest town o | or My street address of | well if | | ng Systems (decimal des | |
| | located within aity? | , , | of the street address of | WCII II | Latitude: | ng systems (decimal deg | grees, min. or 4 digits) |
| | 3.5 miles V | rtM+ 11 | allean Kine | ,K3 | | | - |
| 2 | WATER WELL OWNE | R: 12) 1/ | FARM [10] | 1.2 | T1 4 | | |
| | RR#, St. Address, Box # | 13(10h | FARMS LICY JACKSON Pol | ' | Datum: | | |
| | City, State, ZIP Code | : 57 | Supplement 1/ (1) | (028 | Data Collectio | n Method: | _ |
| 3 | LOCATE WELL'S 4 1 | DEPTH/OF CO | OMPLETED WELL. | 106 | | | |
| | LOCATION | | , , , , , , , , , , , , , , , , , , , | 100 | | | |
| | WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | |
| | SECTION BOX: WELL'S STATIC WATER LEVELf. below land surface measured on mo/day/yr/ | | | | | | |
| | N Pump test data: Well water was ft. after hours pumping gp | | | | | | |
| | Est. Yieldgpm: Well water wasft. afterhours pumpinggpm | | | | | | |
| | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | |
| W | | | | | | | |
| | 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 | | | | | | |
| | Sample was submitted | | | | | | |
| Sample was submitted water wen disinfected? Tes | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped | | | | | | | |
| 3 | Steel 3 RMP (SI | R) 6 Ashe | stos-Cement 9 Otl | ner (specify | (below) | | Clamped |
| | 2 PVC 4 ABS | 7 Fiber | glass | | | Threade | d |
| 2 PVC 4 ABS / 7 Fiberglass | | | | | | | |
| Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No. 3//6. | | | | | | | |
| TYPE OF SCREEN CONTREPORATION MATERIAL: | | | | | | | |
| 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) SCREEN-PERFORATED INTERVALS: From | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. | | | | | | | |
| From ft. to | | | | | | | |
| A. | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| 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 | | 11 Fuel s | | Abandoned water well | below) |
| | 3 Watertight sewer line | | | | _ | Oil well/gas well | |
| Di | rection from well? | uth | •••• | | ny feet? | 101 | |
| FR | OM TO | LITHOLO | OGIC LOG | FROM | | PLUGGING IN | ΓERVALS |
| | | | · | 10 | 7 - | Parole & 11 | l. 1 |
| | | | | 1/8 | U-6-1 | ENDWY HO | a flug |
| | | | | 10 | 1 | 101 | / / |
| | | | | | -0 10 | nout fet | |
| | | | | 9 | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 7. | CONTRACTORS OR 1 | ANDOWNED: | S CEDTIFIC ATION. | This water | r well wee (1) cos | astructed (2) reconstruct | etad or Onlygged |
| 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. 5.3 This Water Well Record was completed on (mortal View). | | | | | | | |
| under the business name of the fund of the Influentity (signature) for Scholars | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>P. EAGE 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. Visit us at | | | | | | | |
| /85 | 5-296-5522. Send one to V | WAIEK WELL | OWNER and retain one | for your i | ecords. Fee of | \$5.00 for each construct | <u>ed</u> well. Visit us at |

http://www.kdhe.state.ks.us/geo/waterwells.