| WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No. 1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number | | | | | | |
|---|--|------------------|--|---|--------------|--|
| WATER WELL RECORD | Form WWC-5 | INVO | Division of Water | Resources; App. No. | | |
| 1 LOCATION OF WATER WELL: | Taction | 50 | ction Number | Township Number | Range Number | |
| County: LYON | SE 4 NE 4 Nu | 14 ل | 17 | T 19 S | R ILE E/W | |
| County: SE 1/4 NE 1/4 NW 1/4 Distance and direction from nearest town or city street address of well if | | l if Gl o | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | |
| located within city? | | | Latitude: | | | |
| 2805 Velaje Drije Emporia, KS | | Lo | Longitude: | | | |
| 2 WATER WELL OWNER: Red Line Inc. | | Ele | Elevation: | | | |
| RR#, St. Address, Box # : 2505 Velcil DL. City, State, ZIP Code : Experiences | | | Datum: | | | |
| Ciripoda, Do | | | Data Collection Method: | | | |
| | 4 DEPTH OF COMPLETED WELL 20.5 | | | | | |
| LOCATION WITH AN "X" IN Depth(s) Groundw | | | | | | |
| | Depth(s) Groundwater Encountered (1) | | | | | |
| | Pump test data: Well water was | | | | | |
| Fet Vield | Est. Yieldgpm: Well water wasft. afterhours pumpinggpm WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | |
| WEII WATER T | | | | | | |
| $W = \begin{bmatrix} -NW & -NE \\ 1 \end{bmatrix}$ F 1 Domestic 3 | | | | | | |
| 2 Irrigation 4 | 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) Monitoring well | | | | | |
| | | | | | | |
| | | | | | | |
| Sample was submitted Water well disinfected? Yes No | | | | | | |
| S | | | | | | |
| 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 | | | | | | |
| PVC 4 ABS 7 Fiberglass ThreadedX Blank casing diameter in. to Po. ft., Diameter in. to ft., Diameter in. to ft. | | | | | | |
| Blank casing diameter | | | | | | |
| Casing height above land surface | | | | | | |
| TYPE OF SCREEN OR PERFORATION M. 1 Steel 3 Stainless Steel 5 H | | 0.400 | 3 | 11 Other (Specify) | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify) | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | |
| 1 Continuous slot 3 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. | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | |
| 6 GROUT MATERIAL: Neat cement | 2 Cement grout A Bent | onite 4 (| Other | | | |
| Grout Intervals: From D G ft. to | ft., From | 2 ft. | to f | From | ft. toft. | |
| What is the nearest source of possible contam | nination: | | | ·· , · · · · · · · · · · · · · · · | | |
| 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 (1) Fuel storage 14 Abandoned water well below) | | | | | | |
| | | Pertilizer 1 | | il well/gas well | | |
| Direction from well? | · · · | | | | | |
| FROM TO LITHOLO | | FROM | ТО | PLUGGING IN | TERVALS | |
| O O Deganic clay | gray black | | | | | |
| Soil, no odd | K | | | | | |
| | ay tan no odor | | | | | |
| | an no adol | | | | | |
| | an no odor | | | | | |
| 10 20.5 clay w/ 511+ + | ran no odor | | | | | |
| | | | | | | |
| | | | | | | |
| | 1/12 | 08 | | | | |
| 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. 65.0 This Water Well Record was completed on (mo/day/year) 2/20/08 | | | | | | |
| under the business name of DF3 by (signature) | | | | | | |
| 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 | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. | | , | 400 | | | |