| | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | WELL RECORD I | orm WW | | 2a-1212 | | | |
|---|--|--|--|------------------|----------------------|--|--|--|--|
| 1 LOCATION OF WATER | | raction | 111 16 | ··· | Section Number | 1 1 1 1 | | Range Number | |
| County: / / D M | | NE 1/4 | 5W 1/4 SE | 1/4 | <u> </u> | <u> </u> | 7 S | R // (E)W | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | |
| 2606 WE | ST Highu | 19 50 | , Empor | 1/ca, | KS | | /// | 16-11 | |
| 2 WATER WELL OWNE | R 545 011 | difropa | ne co. | , | | | | | |
| RR#, St. Address, Box # | : 2606 W | Highw | ay 50 | | | Board of | Agriculture, [| Division of Water Resource | |
| City, State, ZIP Code | Empor | ic, K | S 669 | 301 | | | n Number: | The state of the s | |
| 3 LOCATE WELL'S LOC | ATION WITH 4 DE | PTH OF COM | MPLETED WELL | 29 | O. ft. ELE\ | /ATION: | | | |
| AN "X" IN SECTION E | Depth | (s) Groundwa | ter Encountered 1. | | 5 ft | . 2 | ft. 3 | 2/14/95 .ft. | |
| T T | WELL | 'S STATIC W | ATER LEVEL 2. | 5.46 ft | t. below land s | surface measured o | n mo/day/yr | 2/14/95 | |
| | 1 | | | | | | | mping gpn | |
| | Est. Y | | | | | | | mping gpn | |
| | | | | | | | | toft | |
| A L | production and the second and the se | | | | ater supply | 8 Air conditionin | | Injection well | |
| - 1 | i | Domestic | | | water supply | | - | Other (Specify below) | |
| SW | -SE 2 | Irrigation | | | | Monitoring we | · | , | |
| | * " | - | | | | | | mo/day/yr sample was su | |
| 1 | mitted | | oren og our our pro-si | | | Vater Well Disinfect | | (No) | |
| 5 TYPE OF BLANK CAS | *************************************** | | Wrought iron | 8 Cor | ncrete tile | | | 1 Clamped | |
| 1 Steel | 3 RMP (SR) | | Asbestos-Cement | | er (specify be | | | ed | |
| 2 PVC | 4 ABS | | ' Fiberglass | | | | A STATE OF THE PARTY OF THE PAR | ided.) | |
| Plank againg diameter | 7 in to | 14.0 |) # Dia | · · · · · | | # Dia | Cillia | in. to ft | |
| | | | | | | | | 0 | |
| | | | ., weight | | PVC | | | | |
| TYPE OF SCREEN OR I | | | | 4000 | | | bestos-ceme | | |
| 1 Steel | 3 Stainless steel | | Fiberglass | | RMP (SR) | | | | |
| 2 Brass | 4 Galvanized ste | | Concrete tile | | ABS | | one used (op | · · | |
| SCREEN OR PERFORA | - Marie | 1 E: | | d wrapped | 1 | 8 Saw cut | | 11 None (open hole) | |
| 1 Continuous slot | 3 Mill slot | | 6 Wire v | • • | | 9 Drilled holes | | | |
| 2 Louvered shutter | | ched | 7 Torch | cut | 0 | 10 Other (speci | fy) | | |
| SCREEN-PERFORATED | | | | | | | | | |
| | Fr | | ft. to | 56 | ft., F | rom | . , , , . , . ft. t | 0 | |
| GRAVEL PACK | | | | d. 1.j. | <i>○</i> ft., F | rom | ft. t | 0 | |
| | | om | ft. to | 2 | <u>π.,</u> ⊢ | rom | | o f | |
| 6 GROUT MATERIAL: | 1 Neat cement | ن ا | Cement grout | Z3JBe | entonite | 4 Other | | | |
| | | | ft., From /. / | (COt | | | | ft. to | |
| What is the nearest sour | • | | | | | estock pens | | bandoned water well | |
| 1 | 1 Septic tank 4 Lateral lines | | | | | el storage | | 15 Oil well/Gas well | |
| 2 Sewer lines 5 Cess pool | | | | | | ertilizer storage 16 Other (specify below) | | | |
| 3 Watertight sewer | t | • | | | secticide storage | | | | |
| Direction from well? | Norin | 10,000,0 | | 1 5001 | | nany feet? | | NITEDVALO | |
| FROM TO | | HOLOGIC LC | <u> </u> | FROM | I TO | ľ | LUGGING I | NIERVALS | |
| 20 1201 | grave) (| + () | 1 Lo 1 | | | | | | |
| 3 4.0 | clay wi | 517,0 | tark brown | 147 | | | | | |
| 4.0' 29,0' | elay wisci | t, light | procun | | | | | | |
| | · | | | - | | | | | |
| | | | | <u> </u> | | | | | |
| | | | - AND AND PROPERTY IN ACCOUNT OF THE PARTY O | | | | | | |
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| | - Taranta Mandalan (Caranta Caranta Ca | | | | | - | | | |
| | | | | | | | | | |
| | | awwanza . | | | | | ww. | ************************************** | |
| | | | THE PERSONNEL PROPERTY OF THE PERSONNEL PROP | | | <u> </u> | | | |
| 7 CONTRACTOR'S OF | LANDOWNER'S CE | RTIFICATIO | N: This water well wa | as (1) cons | structed, (2) re | econstructed, or (3) | plugged und | der my jurisdiction and wa | |
| completed on (mo/day/ye | oar) 2/10. | 195 | | | | | | owledge and belief. Kansa | |
| Water Well Contractor's | License No | 3. B | | | | | | 15. O. D. | |
| under the business name | | | | | by (sig | 11 12 | Sincle | with | |
| INSTRUCTIONS: Use type | writer or ball point pen. PL | EASE PRESS FIRI | MLY and PHINT clearly. Plea | ase fill in blar | nks, underline or ci | rcle the correct answers. | Send top three | opies to Kansas Department | |
| of Health and Environment | , Bureau of Water, Topeka | , Kansas 66620-0 | 001. Telephone: 913-296-58 | 545. Send on | e to WATER WELL | OWNER and retain one | for your record | | |