| WATER WELL RECORD | | Form WWC-5 | | Division of Water Resources; App. No. | | | | |
|--|---|-----------------------------|--------------|---------------------------------------|--------------|-------------------|---------------|---------------------------------|
| 1 LOCATION OF WATER WELL: | | Fraction Se1/4 Se 1/4 N | 14.41/ | Section N | | Township N T | | Range Number R 294 EW |
| County: Marion Seld Seld Nw 1/4 / O T B S 20 R 2014 CEW | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? At man on County has Latitude: | | | | | | | | |
| 12E 1411 marion | | | | Longitude: | | | | |
| RR#, St. Address, Box # : 107 hak | | riker | | | n: | | | |
| City, State, ZIP Co | | KeShore C | | Datum: | 1 7 | - f .1 1 | | |
| City, State, ZIP Code : Mar: 6n, Kg, 6626 Data Collection Method: 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL | | | | | | | | |
| LOCATION | T | | | | | | | |
| WITH AN "X" IN | "IN Depth(s) Groundwater Encountered (1)ft. (2) | | | | | | | |
| SECTION BOX: | X: WELL'S STATIC WATER LEVEL | | | | | | | |
| l N | Pump test data: Well water wasft. after | | | | | | | |
| WELL WATER TO BE USER AS, 5 Public system symply 9 Air conditioning 11 Injection wall | | | | | | | | |
| W E 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 | | | | | | | | |
| Sample was submitted | | | | | | | | |
| s | _ | | | | ` | _ | | |
| 5 TYPE OF CASINO | 9 | | | | CASINO | | | Clamped |
| 1 Steel 3 R | MP (SR) 6 Asbesto | s-Cement 9 Othe | r (specify | below) | | W | elded | |
| Blank casing diameter | in to | 7 ft Diameter | ir | to | ft | | nreaded. i | n to ft |
| 2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface in., Weight SDF 26. lbs./ft. Wall thickness or guage No. 2.1.4. | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 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) | | | | | | | | |
| From ft to ft From ft From ft To ft From ft To ft From | | | | | | | | |
| From | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | |
| 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 (speci 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | below) | |
| 3 Watertight sew | | 9 Feedyard | 12 Fertilize | er Storage | 15 Oil | well/gas wel | | |
| Direction from well? | W | . <u></u> 1 | How many | feet? | 50+ | | | |
| FROM TO | LITHOLOGI | C LOG | FROM | TO | | PLUGGIN | G INTE | RVALS |
| 94 21 4 | ellow Shall | 2 | | | | · · · · · · | | |
| -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ -/ - | enous racio | 3 | | | | | | |
| 21 32 6 | ray 11 | | | | | | | |
| 32 45 6 | ine | | | | | | | |
| 45 60 R | ed Shale | | | | | 4 | | |
| 60 72 7 72 73 L | ine | | | | | | | |
| | laten Gray Shale | | | | | | | |
| (| -ray signe | | | | | | | |
| 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/doy/year) | | | | | | | | |
| under my jurisdiction a | and was completed on (mg | o/dey/year) .7 | | this record | is true to | the best of n | ny know | ledge and belief. |
| Kansas Water Well Co under the business nam | ntractor's License No | This Water | | ord was co signatur | | | Da | 30-07 |
| INSTRUCTIONS: Use typ | newriter or ball point pen. PLE | ASE PRESS FIRMLY and I | RINT clearly | y. Please fil | l in blanks, | underline or circ | cle the cor | rect answers. Send top |
| three copies to Kansas Depa | rtment of Health and Environme | ent, Bureau of Water, Geolo | gy Section, | 1000 SW Jac | ckson St., S | Suite 420, Topeka | , Kansas 6 | 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 http://www.kdheks.gov/waterwell/index.html. | | | | | | | | |