| Scicton Number Township No. Range Number County: | WATER WELL RE | CORD | Form W | WC-5 | Division of Wate | r Resources App. No | , | | |
|--|---|---|--|-----------------|---|----------------------------|--|--------------------------|--|
| Street/Rural Andress of Well Location; if ulmonown, distance & direction from nearest town or intersection: If at owner's address, check here Latitude: | | | | | Section Number | Township No. | Range Numbe | | |
| Latitude: | County: Social | of Wall Leastian | | | | | | ЦΨ | |
| Longitude: | | | | | | | | egrees) | |
| Elevation State NAD 83. NAD 27 NAD 84. NAD 85. NAD 87 NAD 85. NAD 87 NAD 88. NAD 87 NAD 88. NAD 87 NAD 88. | Hom hourest town of intersection. If at owner is address, effect fore 23. | | | | ` ' | | | | |
| Collection Method: Collect | | | | | Elevation: | | •••• | , | |
| STATE STAT | 2 WATER WELL OV | UNED. | ac Ranhan | - | | 4, □ NAD 83, □ | NAD 27 | | |
| STATE STAT | RR# Street Address | Box # 15 200 | as Barred | ۸ ۱ | | re/Model: | |) | |
| SI LOCATE WELL WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) | City, State, ZIP Code | 1531 | W 3314 81 1 | V | | | | | |
| WITH AN "X" IN SECTION BOX: NOW NELL'S STATIC WATER LEVEL. 3. ft. below land surface measured on mo/day/yr. NW NE. BETTHEORY OF MATERIALE STATIC WATER LEVEL. 3. ft. below land surface measured on mo/day/yr. Pump test data: Well water was. ft. after. hours pumping. gpm Pump test data: Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. Well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. well water was. ft. after. hours pumping. gpm BEST. YIELD. gpm. well was user was pumping. gpm BEST. YIELD. gpm. well was user was gpm. gpm. gpm. gpm. gpm. gpm. gpm. gpm. | | Wich | ita KS | | | | | | |
| SECTION BOX: No | | 4 DEPTH OF | COMPLETED WEL | · 40 | fi | | | | |
| WELL'S STATIC WATER LEVEL. S. ft. below land surface measured on moday/yr. Pump test data: Well water was. ft. after. hours pumping. gpm | | | | | | ft. (3 | 3) | ft. | |
| Pump test data: Well water was fi. after hours pumping gpm well was a chemical/bacteriological sample submitted to Department? well was under well department well was under well department well was under well and was a chemical/bacteriological sample submitted to Department? well was under well and was under well and was under well and was under well was wel | | WELL'S STAT | IC WATER LEVEL | | below land surface r | neasured on mo/da | ıy/yr | | |
| Bore Hole Diameter 2 in. to ft., and in. to ft. | | Pump | test data: Well water | r was | ft. after | hours pump | oing | . gpm | |
| SW. SE. | NW NE | | | | | | | . gpm | |
| SW. SE. | | | | | | | | | |
| Irrigation | | I | | | 11 - | | | olow) | |
| Was a chemical/bacteriological sample submitted to Department? Yes No If yes, moldarly yr sample was submitted. Yes No No STYPE OF CASING USED: Steel PVC Other CASING JOINTS: Mill glot Clamped Welded Threaded Casing diameter 5 in. to ft. Diameter in. to | SW SE | l | | | | | | | |
| S If yes, mo/day/yr sample was submitted Water well disinfected? Yes No STYPP OF CASING USED: Steel PVC Other | | | | | | | | | |
| STYPE OF CASING USED: Steel PVC Other | _ | If yes, mo/ | day/yr sample was sul | omitted | | ** | | | |
| CASING JOINTS: Glued Clamped Welded Threaded Casing diameter | mile | Water well disin | fected? XYes | No | | | | | |
| Casing height above land surface | | | | | | | | | |
| Casing height above land surface in, Weight IV.O lbs./ft, Wall thickness or gauge No V.TYPE OF SCREEN OR PERFORATION MATERIAL: Steel | CASING JOINTS: 🗷 | Glued Clar | nped Welded | ☐ Threaded | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel MPVC Other (Specify) | Casing diameter | 5 in. to9 | ft., Diameter | | 10 ft., D | iameter | in. to | ft. | |
| Steel Stainless Steel Mercondition Other (Specify) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Saw cut Other (specify) | | | | | | | | | |
| Continuous slot Mill slot Gauze wrapped Saw cut Other (specify) | ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From th. to th. From th. to the the to the the third the th | Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | | | | | | |
| GRAVEL PACK INTERVALS: From th. to th. From th. to the the to the the third the th | SCREEN-PERFORATE | D INTERVALS: | From. 25 | ft. to35. | ft., From | ft. to | 0 | ft. | |
| From ft. to ft., From ft., From ft. to ft., From ft., F | | | From | ft. to | ft., From | ft. to | o | ft. | |
| 6 GROUT MATERIAL: Neat cement Cement grout Sententite Other Grout Intervals: From S. t. to S. f., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Abandoned water well Sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Direction from well Seepage pit Feedyard Distance from well Seepage pit Direction from well Seepage pit Feedyard Distance from well Seepage from well Seepage pit Seepage pit Feedyard Distance from well Seepage pit Seepage pit Seepage pit Seepage from well Seepage from Seepage from well Seepage from Seepage from well Seepage from Seepage from Well Seepage from Seepage fro | GRAVEL PAC | K INTERVALS: | From 2 .4 | ft. to | ft., From | ft. to | 0 | ft. | |
| Grout Intervals: From | 6 CDOUT MATERIAL | | | | | | | | |
| What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Septic tank Cesspool Sewage lagoon Fuel storage Abandoned water well Oil well/gas well Distance from well Oil well/gas well Distance from well Oil well/gas well Oil well/ga | | | | | | | | | |
| Septic tank | i e | | | | | 110111 | 10.00 | | |
| Watertight sewer lines Seepage pit Feedyard Distance from well South Di | | | | | | | r (specify below) |) | |
| Distance from well | | | | | | | | | |
| FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 2 13 Sandy Can 13 21 Fine Sand 33 Wed Sand 4 Coarse Sand January 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year). 3 2 12 | | | nt recuyatu | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 3/2/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 2.1 This Water Well Record was completed on (mo/day/year) This Water Well Record was completed on (mo/day/year) It is Water Well Record was completed on (mo/day/year) It is Water Well Record was completed on (mo/day/year) 3/12/12 under the business name of by (signature) by (signature) by (signature) Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | IC LOG | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 3/2/2 | 0 2 701 | Soil | | | | /= | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 3/2/2 | 2 13 5 | indy Cla | 2M | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 3/2/2 | 13 21 F | ine San | d, L | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 3 2 12 | 81 33 KY | red San | <u>.a</u> | - | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 3/2/22 | 33 34 0 | ~~~ | 1/20044 | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 3/2/2 | 34 40 600 | ise-sand | 1 grand | 1 | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 3/2/2 | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 3/2/2 | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 3/2/2 | | | | | | | | | |
| Kansas Water Well Contractor's License No. 4 | 7 CONTRACTOR'S O | R LANDOWNER | R'S CERTIFICATIO | N: This wate | r well was 🏻 constru | ucted, \square reconstru | cted, or plug | gged | |
| under the business name of | Wansas Water Well Cont | i was completed of | m (mo/day/year) | Water Well D | a this record is true t | o the best of my kn | lowledge and b | enet. | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIMILY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | | ···· | |
| (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | INSTRUCTIONS: Use typew | vriter or ball point pen | . PLEASE PRESS FIRML) | and PRINT clea | rly. Please fill in blanks | and check the correct | answers. Send thr | ree copies | |
| | (white, blue, pink) to Kansas I Telephone 785-296-5524. See | Department of Health and one copy to WAT | and Environment, Bureau ER WELL OWNER and | of Water, Geolo | gy Section, 1000 SW Jac our records. Include fee | ekson St., Suite 420, T | opeka, Kansas 666 instructed well V | 512-1367. Visit us at | |