| | | | ELL RECORD F | orm WWC-5 | KSA 82a | | | |
|---------------------------------|---|---|--|--|----------------------------------|---------------------------|----------------------------------|-------------------------|
| | F WATER WELL: DGWICK | Fraction | NW NE NO | Secti | on Number | Township Num | ber H | ange Number (E)W |
| | rection from nearest town | | | | | 1 | <u> </u> | |
| | VTH \$ 105 4 | | | | 12世 | ST | 1. | 1W-8 |
| | LL OWNER: JAME | | | 17100 7 | 17 | | | 100 |
| RR#, St. Addres | | N. HANDLE | | | | Board of Agri | culture. Division | of Water Resource |
| City, State, ZIP | | ITA, KAN | | 203 | | Application N | • | 5. TTG.(5) 1. (555G.155 |
| | LL'S LOCATION WITH 4 | | | 20 | # ELEVA | | | |
| AN "X" IN SE | ECTION BOX: | Josth(s) Groundwat | r Encountered 1 | 14 | . π. ELEVA 4 4 | 2 | 4 2 | 4 |
| <u> </u> | | | | | | face measured on m | | |
| 1 7 | | | | | | fter | | |
| NW | V NE | • | | | | ifter | | |
| <u> </u> | | | | | | and | | |
| * w | | WELL WATER TO E | | Public water | | 8 Air conditioning | 11 Injection | |
| - i | | 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | |
| SW | V SE | 2 Irrigation | | | | 1 Monitoring well. | | |
| 1 ! | | _ | | | - | es No | | |
| 1 — | | mitted | onological campia ca | | | ter Well Disinfected? | | (No) |
| 5 TYPE OF BL | ANK CASING USED: | | Wrought iron | 8 Concret | | | | . Clamped |
| 1 Steel | 3 RMP (SR | | Asbestos-Cement | | pecify belov | | | |
| (2 PVC) | 4 ABS | • | Fiberglass | • | • | ··, | | |
| | ameter Z i | | | | | | | |
| | bove land surface | | | | | | | |
| | EN OR PERFORATION | | g | PVC | | | tos-cement | |
| 1 Steel | 3 Stainless | steel 5 | Fiberglass | 8 RMF | | 11 Other | (specify) | |
| 2 Brass | 4 Galvanize | | Concrete tile | 9 ABS | | | used (open hole) | |
| SCREEN OR PE | ERFORATION OPENING | S ARE: | 5 Gauzeo | wrapped | | 8 Saw cut | • • | ne (open hole) |
| 1 Continuo | | | 6 Wire w | - • | | 9 Drilled holes | | |
| 2 Louvered | d shutter 4 Key | y punched | 7 Torch o | cut _ | | 10 Other (specify) | | |
| SCREEN-PERF | ORATED INTERVALS: | From | • ft. to | 20 | ft., Fro | m | ft. to | |
| | | From | ft. to | | ft., Fro | m | ft. to | |
| GRAVI | EL PACK INTERVALS: | From | ft. to | 20 | ft., Fro | m | ft. to | |
| | | From | ft. to | | ft., Fro | | | ft. |
| 6 GROUT MAT | ERIAL: 1 Neat ce | 2 C | ement grout | 3 Benton | te 4 | Other | | |
| Grout Intervals: | From | t. to & | . ft., From | ft. to |) <i>.</i> | ft., From | ft. to | |
| What is the near | rest source of possible of | ontamination: | | | | tock pens | 14 Abandone | d water well |
| 1 Septic ta | ank 4 Latera | l lines | 7 Pit privy | | 1 Fuel storage | | 15 Oil well/Gas well | |
| 2 Sewer lin | nes 5 Cess j | oool | 8 Sewage lagoo | on | 12 Fertilizer storage | | 16 Other (specify below) | |
| 3 Watertig | ht sewer lines 6 Seepa | ge pit | 9 Feedyard | | 13 Insec | ticide storage . | | |
| Direction from w | | | | r | How ma | | | |
| | 0 (| LITHOLOGIC LOC | <u> </u> | FROM | то | PLUC | GGING INTERVA | ils |
| 0 1 | Silt, Cla | yey, Sand | لع ا | ļ | | | | |
| 1, 4 | Sand, S | ilty, br | our , | ļ | | | | |
| 4 5 | Silt, dur | K brown . | sandy | - | | | | |
| 8 1 | Sand, S | ilty, bro | wn | - | | | | |
| | O Silty de | ay, dark | brown | - | | | | |
| | 5 Sand, | Fine to n | redium, | | | | • • • | |
| (5 2 | o Sand, | gravel, s | aturated | | | | | |
| | | - | | | | | | |
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| - | | | | | | | | |
| | | * | | | | | | |
| | | | | | | | .811** | |
| | | | | 1 | | | | |
| | | | | | | | | |
| 7 CONTRACTO | OR'S OR LANDOWNER | S CERTIFICATION: | This water well was | | | | | |
| completed on (mo/day/year) | | | | | | | | |
| | tractor's License No | 5.24 | This Water We | II Record was | completed | on (mo/day/y), | 1913019 | · · · · /// · · · · · |
| under the busine | ess name of AULE | D LABORAT | ORIES | | by (signa | ture) Toleant | Sossaw | rell |
| INSTRUCTIONS of Health and E | S: Use typewriter or ball point pe Environment, Bureau of Water, T | en. <u>PLEASE PRESS FIRML</u> opeka, Kansas 66620-000 | Y and <u>PRINT</u> clearly. Pleas 1. Telephone: 913-296-554 | e fill in blanks, un 5. Send one to W | derline or circle ATER WELL O | the correct answers. Send | top three copies to our records. | Kansas Department |