| W | ATER WELL RE | CORD | Form WWC-5 | 5 KSA 82a | -1212 II | D No. B | 45-1 | | | |
|--|-----------------------|--------------|------------------|------------------------|----------------|------------------|---------------------------------------|---------------------------------------|-------------------------------|---|
| 1 LOCATION OF WATER WELL: Fraction | | | | Se | Section Number | | | nber | Range Number | |
| County: Sedawick | | · NW | 14 NW | 1/4 | X 33 | | 27 | s | R 🚺 | ₽ w |
| Distance and direction from nearest to | | | f well if locate | d within city? | | | | | | |
| Broadway-Wie | hita K | S ,,, | | | | - | | | | |
| 2 WATER WELL OWNER: Kansa | • | | • | went-Dryc | leaning | Release | Trusta | unQ | | |
| RR#, St. Address, Box # : 10005 w City, State, ZIP Code : 70 pe | Juckson : Kn KS 66 | 3.0.18 4/ | Ø | | | | oard of Agri | | vision of Wate | er Resources |
| 3 LOCATE WELL'S LOCATION WITH | DEPTH OF | COMPLET | ED WELL | 3.4 | ft FI F | | | | | |
| AN "X" IN SECTION BOX: | Depth(s) Grou | | | 1 | | | | | | |
| N | WELL'S STAT | | | | | | | | | |
| X | Pt | ump test da | ata: Well wat | ter was | | ft. after | | . hours pu | mping | gpm |
| NW NE | Est. Yield WELL WATER | gr | om: Well wat | er was Public water | | | nditioning | | | gpm |
| 1 1 | 1 Domesti | | | Oil field water | | 9 Dewat | • | _ , | ection well her (Specify l | below) |
| W | 2 Irrigation | n 4 In | | Domestic (la | | | | | | |
| | | | | | | | | | | |
| SW SE | Was a chemic | al/bacterio | logical sample | e submitted to | Departmen | nt? Yes I | No ,X ; | If yes, mo | day/yrs sam | ple was sub- |
| | mitted | | | | | Water Well I | Disinfected | ? Yes | (| No) |
| S | | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED | : | 5 Wrou | ght iron | 8 Conc | | | SING JOIN | | | nped |
| 1 Steel 3 RMP (S | SR) | | stos-Cement | | (specify be | | | Welde | d | |
| Blank casing diameter | in to | 7 Fiber | | | | ••••• | | Inrea | | |
| Casing height above land surface | | in v | weight 5 | ch 40 | In. 10 | | II., Dia | e or augaa | In. to . | π. |
| TYPE OF SCREEN OR PERFORATION | | II f., V | veigin | (7)° | | IDS./IL. VV | | stos-Ceme | | *************************************** |
| 1 Steel 3 Stainles | | 5 Fiber | glass | | MP (SR) | | | | | |
| 2 Brass 4 Galvan | ized Steel | 6 Conc | rete tile | 9 A | BS | | 12 None | used (ope | n hole) | |
| SCREEN OR PERFORATION OPEN | INGS ARE: | | 5 Gua | azed wrapped | | 8 Saw | cut | | 11 None (op | en hole) |
| | Mill slot | | | e wrapped | | | ed holes | | | 41 |
| | Key punched | • ~ | 7 Toro | | | | · · · · · · · · · · · · · · · · · · · | | | |
| SCREEN-PERFORATED INTERVALS | | | ft. to | 34 | ft., Fr | om | •••••• | ft. to . | ••••• | ft. |
| GRAVEL PACK INTERVAL | S: From | 3 0 | ft. to ft. to | 34 | ft Fr | om | | ft. to . | | ft. |
| | From | | ft. to | | ft., Fr | om | | ft. to . | | ft. |
| 6 GROUT MATERIAL: 1 Ne | at cement | 2 Co | ment grout | 3 Ber | tonito | 4 Othor | | | | |
| Grout Intervals: From | | | | | | | | | | |
| What is the nearest source of possible | | | ., 1 10111 | | | vestock pens | | | andoned wat | |
| 1 Septic tank 4 Lateral lines | | | 7 Pit privy | | 11 Fuels | | • | | Oil well/Gas well | |
| ②Sewer lines 5 Cess pool | | | 8 Sewage la | | | | - | | Other (specify below) | |
| 3 Watertight sewer lines 6 Seepage pit | | | 9 Feedyard | | 13 Insecticio | | age . | | | |
| Direction from well? * East | | | | | How r | many feet? | 5 | | | |
| FROM TO | LITHOLOGI | C LOG | , | FROM | то | | PLUG | GING INT | ERVALS | |
| 0 10 clas | ٠ | | | | | | | | | |
| 10 34 5:1ty | dsunds | | | | | | | | | |
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| 7 CONTRACTOR'S OR LANDOWN | ER'S CERTIFIC | ATION: Th | is water well v | was (1) const | ructed (2) | reconstructed | . or (3) nlu | aged unde | er my juriedio | tion and was |
| CONTRACTOR'S OR LANDOWN completed on (mo/day/year) | 405 | | | | and this | s record is true | e to the bes | t of my kno | wledge and t | pelief. Kansas |
| Water Well Contractor's Licence No | 704 | | This Wate | er Well Record | was comp | leted on (mo/ | day/yr) | · | 1 | |
| under the business name of | 2/5 | | | | | by (signature) | DAVE | a Xh | west | |
| | DI 5405 BB500 | 5/D14/1/ | | | | | | | | |

INSTRUCTIONS: Use typewriter of 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 wansas 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 OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.