| | | | | ER WELL RECOR | | | | | | |
|--|----------------|--|-------------------------------|------------------------|----------------------------|---------------------------------------|--|----------------------|--------------------------------------|--|
| LOCATION OF WATER WELL: | | | Fraction NW 1/4 SE 1/4 NW 1/4 | | | Section Number Township Number T 27 S | | | Range Number | |
| | | | | | | 21 | <u> </u> | -/ s | R / EN | |
| | | | own or city street a | | | | _ 0 | 5 4 | / - | |
| 250 | | <u>S</u> ₹, | Francis | _ | ita KS | Fach | ory B | Cast ; | side | |
| • | WELL OW | • | 0.0 | | | | Doord | 5- | 3- 5P-4 | |
| | Address, Bo | - | , , , 🗸 . | | neis | | | • | Division of Water Resources | |
| City, State, | | ري : <i>در</i> | 1 | | 7202 | . FI F. | | tion Number: | | |
| LOCATE AN "X" | IN SECTION | OCATION WITE N BOX; | | | | | | | | |
| | | N | | | | | | | | |
| Ī l | i | | | | • | | | | ?-2/ - 93 | |
| - | - NW | NE | | | | | | | mping gpm | |
| | M | 1 ! | | | | | | | mping gpm . to | |
| ŧ w ├- | | | : 1 | TO BE USED AS: | | π., ater supply | | | | |
| - | i | | 1 Domestic | | | ater supply vater supply | | _ | Injection well Other (Specify below) | |
| - | - SW | SE | 2 Irrigation | | | | | | Sparse Well | |
| | | | , - | | | | | | , mo/day/yr sample was sub | |
| <u>t</u> – | | | mitted | Duoione.eg | 1100 000 | | ater Well Disinf | • | | |
| TYPE O | F BLANK (| CASING USED: | | 5 Wrought iron | 8 Con | crete tile | | | d Clamped | |
| Ste | | 3 RMP (S | | 6 Asbestos-Cer | | er (specify belo | | | ed | |
| 2 PV | | 4 ABS | | 7 Fiberglass | | ,-,- | - · · , · · · · · · · · · · · · · · · · · | | aded | |
| Blank casir | ng diameter | · 2 | in. to 2.8 | | in. | to | ft., Dia | | in. to ft. | |
| | | and surface | | | | | | | o. \$4.46 | |
| TYPE OF | SCREEN O | R PERFORATIO | ON MATERIAL: | | 7 F | PVC | 10 | Asbestos-ceme | ent | |
| 1 Ste | el | 3 Stainles | ss steel | 5 Fiberglass | | RMP (SR) | 11 | Other (specify) | | |
| 2 Bra | | 4 Galvani | | 6 Concrete tile | | | | None used (op | en hole) | |
| SCREEN C | OR PERFO | RATION OPENI | | | Gauzed wrapped | | 8 Saw cut 11 None (open hole) | | | |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes | | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From. 3/ ft. to 28 29 ft., From ft. to | | | | | | | | | | |
| From | | | | | | | | | | |
| G | iRAVEL PA | CK INTERVALS | _ | | | | | | | |
| CROUT | MATERIAL | Noat | From | 2 Cement grout | to 3 Ber | ft., Frontonite 4 | | ft. t | Bentonite | |
| Grout Inter | MATERIAL | | | | | | | | ft. toft. | |
| | | | e contamination: | R., TIOIII . | | | estock pens | | bandoned water well | |
| | | 4 Late | | 7 Pit priv | .nv | | • | 15 Oil well/Gas well | | |
| | | | s pool | | | | | | 16 Other (specify below) | |
| | tertight sew | | pagę pit | | | | 13 Insecticide storage | | | |
| Direction fr | | Sou | , . | | | | any feet? 35 |) | | |
| FROM | TO | | LITHOLOGIC | LOG | FROM | то | | PLUGGING I | NTERVALS | |
| 0 | 05 | Cosc | rett | | | | | | | |
| 0.5 | 1.0 | fill | SAND, | Fre | | | | | | |
| | 5 | | LAV | | | | | | | |
| 5 | 10 | 5, | | 44 | | | | | | |
| 10 | 15 | 5./ | EN SAND | Gine 5 | mal | | | | | |
| 15 | 29 | SAND | medto | fine w/ # | race of c | purs a | | | | |
| 25 | 3/ | SAND | coarse | to the | w/ bow | 4/ 4,2 | a some | <i>l</i> | | |
| 3/ | 315 | CLA | y Olive | green, | | 1 | | | | |
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| | | <u> </u> | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was | | | | | | | | | | |
| | | /year) ? | | | <i>.</i> | | | 201 | owledge and belief. Kansas | |
| Water Well | Contractor | 's License No. | | | ater Well Record | - | \sim | 1 2 6 | (<i>f=/.,</i> 7.4 | |
| | business na | | oundwa | | ech Inc | | | est & | loal | |
| INSTRUC | CTIONS: Use ty | pewriter or ball point | t pen. PLEASE PRESS I | FIRMLY and PRINT clear | arly. Please fill in blank | s, underline or circ | ole the correct answer | ers. Send top three | copies to Kansas Department | |
| of Health | and Environm | nent, Bureau of Wate | er, Topeka, Kansas 6662 | 20-0001. relephone: 91 | 3-296-5545. Send one | IO WATER WELL | OWNER and retain of | ne for your records | Ja | |