| | | | | WELL RECORD F | orm WWC-5 | | | | 5 | |
|-------------|--|--|----------------------|-----------------------------|--------------------|---------------------|----------------------------------|-----------------|-----------------------------|--|
| 1 | | TER WELL: | Fraction | CC 4/1 | | tion Number | Township Nu | | Range Number | |
| | Sedge | | NW 1/4 | | | 2/ | T 2/ | S | R (E) | |
| • • | | from nearest town | | ress of well if located | | . 1 | F + 11 | | | |
| 250 | N. | St. Frag | is Fran | | seto | YA | Eastside | | | |
| WATER | WELL OW | NER: The | Colenan | Company | | | | 5A | W-ZE | |
| RR#, St. / | Address, Bo | x#: 250 | N. St | Francis | _ | | Board of Ag | griculture, D | ivision of Water Resou | |
| | , ZIP Code | | chite | KS 67 | 7202 | | Application | Number: | | |
| LOCATE | WELL'S L | OCATION WITH | DEPTH OF COM | APLETED WELL 3 | 7.5 | . ft. ELEVA | TION: | | | |
| AN "X" | IN SECTIO | N BOX: | epth(s) Groundwa | | | | | | | |
| - r | | | | ATER LEVEL | | | | | | |
| t 1 | i | | | | | | | | nping | |
| - | - NW | NE | • | | | | | • | | |
| 1 | ĺΛ | | | | | | | | nping | |
| ≝ w ⊢ | ! | E | | | | | | | | |
| ∑ | | | ELL WATER TO | | Public wate | , | 8 Air conditioning | | njection well | |
| i _ | SW | SE | 1 Domestic | | | | 9 Dewatering | 120 | Other (Specify below) | |
| | Ĭ | | 2 Irrigation | | | | | | Sperse Wel | |
| ↓ L | 1 | L I W | as a chemical/bac | cteriological sample su | ibmitted to De | epartment? Ye | esNo | X; If yes, | mo/day/yr sample was | |
| | | s m | itted | | | Wa | ter Well Disinfected | ? Yes | No X | |
| 5 TYPE (| F BLANK | CASING USED: | 5 | Wrought iron | 8 Concre | ete tile | CASING JOIN | NTS: Glued | | |
| 1 Ste | 9 | 3 RMP (SR) | 6 | Asbestos-Cement | 9 Other | (specify below | v) | Welde | ed _. | |
| 2 PV | | 4 ABS | | ' Fiberglass | | | | | ded 💢 | |
| Blank casi | ng diameter | in. | to 3.5 | ft., Dia | in. to | | ft., Dia | i | n. to | |
| Casing he | ight above I | and surface | 3 <i>0</i> in | ., weight | | lbs./ | ft. Wall thickness o | r gauge No |) | |
| • | - | R PERFORATION N | - | • | 7 PV | | | estos-ceme | | |
| 1 Ste | | 3 Stainless st | | Fiberglass | 8 RM | IP (SR) | 11 Othe | r (specify) | | |
| 2 Bra | | 4 Galvanized | | Concrete tile | 9 AB | | | e used (ope | | |
| | | RATION OPENINGS | | | d wrapped | | 8 Saw cut | ٠. | 11 None (open hole) | |
| | ontinuous sk | | | 6 Wire w | | | 9 Drilled holes | | trans (span neis) | |
| | uvered shut | | punched | 7 Torch | | | | 1 | | |
| | | ED INTERVALS: | From 3.7 | | | # From | | |) | |
| SCHEEN | PERFORMI | ED INTERVALS. | | | | | | | | |
| , | DAVEL DA | OK INTERVALS: | From 3. E | 3 # to | 30 | ft From | | |) | |
| , | SHAVEL PA | CK INTERVALS: | _ | ft. to | | ft., From | | ft. to | | |
| 00010 | - MATERIA | . New York | From | Cement grout | 2 Ponto | | Other | <u>~~</u> | booten 160 | |
| _ | MATERIA | | | €. ft., From | | | | | # # ** | |
| Grout Inter | | | | K. II., FIOIII | IL. | | * | | . ft. to | |
| | | ource of possible co | | 7 Dia | | | tock pens | | | |
| | ptic tank | 4 Lateral | | • • | | | uel storage 15 Oil well/Gas well | | | |
| | wer-lines | 5 Cess po | | 3 3 | | | zer storage | 16 O | ther (specify below) | |
| | atertight sev | | e pit | 9 Feedyard | | | ticide storage | | | |
| Direction f | | West | | | T ===: | How mai | | | ITEDVALO | |
| FROM | TO | | LITHOLOGIC LO | <u> </u> | FROM | ТО | PL | ugging in | NIERVALS | |
| | 0.5 | Coucr | ete | | | - | | | | |
| 0.5 | 4 | Soudy | SILT my | Some clay | 1 | | | | | |
| 4 | 10 | siley | CLAY | | | | | | | |
| 10 | 17 | 3:160 | SAND - | gre w/ bo | صمر مر | <i>Q</i> . | | | | |
| 17 | 37 | SAND | course | e to five | w/ to | ace of | fine gro | wel | | |
| 37 | 38 | siky CCA | y ola | e green, | | | | | | |
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| | | | CERTIFICATION | N: This water well wa | s (1) constru | | | | er my jurisdiction and | |
| | on (mo/day | _ | 1-93 | | | | | st of my kno | owledge and belief. Kai | |
| Water We | l Contractor | 's License No 蕘 | | This Water We | ell Record wa | | | 0/14 | 473 | |
| | | ime of Grean | heater 7 | tech Inc | | by (signa | ture) <i>Celbe</i> | TX | and | |
| INSTRU | CTIONS: Use t | pewriter or ball point pen | PLEASE PRESS FIRM | ALY and PRINT clearly. Plea | se fill in blanks, | underline or circle | the correct answers. Se | end top three o | copies to Kansas Department | |
| of Heal | h and Environ | nent, Bureau of Water, To | peka, Kansas 66620-0 | 001. Telephone: 913-296-55 | 45. Send one to | WATER WELL OV | WNER and retain one for | your records. | | |