| WATEI | R WELL | RECORD | Form WWC- | 5 | Division of Water Resources; App. No. | | | | | |
|--|---|--|---|---|---|-----------------------|--|--------------------|--------------------------|--|
| 1 LOCATION OF WATER WELL: | | | Fraction NW1/4 S | ١ | | umber | Township N | | | |
| Coun | ty: うピ | dgwick | NW1/4 NW 1/4 S | E ¹ / ₄ | | • . • | T 27 S | | R 2 0 W | |
| | | ection from nearest town or ci | ty street address of we | | Global Positioning Systems (decimal degrees, min. of 4 of Latitude: | | | | | |
| locate | ed within c | ity? | | | Latitude: | | | | | |
| 2 WAT | red Wei | I OWNER: D. 1 - / A | a aliteral ac | , , | Longitude: Elevation: Datum: Data Collection Method: | | | | | |
| RR#. | St. Addre | ss. Box # : 160 = 0 | alide Tree | | Determination | 1. | | | | |
| City. | State, ZIP | Code 1926 But | Wing 1727 | | Datum: K -4- C-1 | | Mathad. | | | |
| 2 100 | ATE WEI | WICKITA | LETED WELL | · 92 | Data Cor | lection i | vietnoa. | | | |
| LOC | ATE WEI ATION | L'S 4 DEFIN OF COM | LEIED WELL | | | 11. | | | | |
| | ATION H AN "X" | IN Depth(s) Groundwater | Depth(s) Groundwater Encountered (1) | | | | | | | |
| SECTION BOX: WELL'S STATIC WATER LEVEL | | | | | | | | mo/day/ | yr | |
| | N | Pump test data | : Well water wasft. after hours pumping gpm | | | | | | | |
| | | | : Well water wasft. after hours pumping gpm | | | | | | | |
| NW | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | ection well | |
| w L | E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | | |
| | 2 Irrigation 4 Industrial Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | |
| SW | / SE - | Was a chemical/bacteriological sample submitted to Department? Yes; If yes, mo/day/yrs | | | | | | | | |
| | | Sample was submitted | Sample was submitted | | | | | | | |
| S Sumple was submitted | | | | | | | | | | |
| 5 TYPE | OF CAS | ING USED: 5 Wrought | Iron & Conci | ete tile | | CASINO | G IOINTS: G | lued | Clamped | |
| | | 3 RMP (SR) 6 Asbestos | | (specify l | | CHOIN | | | crampea | |
| (2) | PVC | 4 ABS _ 7 Fiberglass | | • | | | T | hreaded | | |
| Blank ca | sing diame | eter in. to 7.2 | 2 ft., Diameter | in | . to | ft., | Diameter | | in. toft. | |
| Casing height above land surface | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass | | | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | |
| 1 Continuous slot Mill slot | | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | |
| From | | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | | |
| Grout In | | From 3 ft. to | | | | | | | | |
| What is | the nearest | source of possible contaminat | ion: | | | | | | | |
| | Septic tank | | | 0 Livesto | | | secticide stora | | 16 Other (specify | |
| | Sewer line | 1 | S Sewage lagoon 11 Fuel storage 14 Abandoned water well | | | | | below) | | |
| | | sewer lines 6 Seepage pit 1? | | | er storage | | l well/gas wel | | | |
| FROM | | , LITHOLOGIC | | FROM | | . . | PLUGGIN | | EDVAIS | |
| | TO 3 | dist LITHOLOGIC | LOO | PROM | ТО | | I LOGOII | 10 INT | IV A VED | |
| <u>9</u> | 7 | brown cley | | | | | | | | |
| 7 | 13 | red clay | · | | <u> </u> | | | | | |
| 7 | 65 | yellow clay | | | | | | | | |
| 65 | 92 | sheley line | | | | | | | | |
| | | 4 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| # CONT | TD A CTC | NCODI ANDONADA C | | | | | | | od om (2)1 d | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ① constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. | | | | | | | | | | |
| Kaneae V | y jurisdicti Water Wel | on and was completed on (model) | (uay/year) 7. [| r and Well Dec | uns record | u is ifue ompleted | io ilie dest of t Lon (m o/day/s | ny Knov zear) 🚧 | nyuge and benen. | |
| | water wer e business | name of | Well Orillin | hv hv | signatuı) | | i oli yillo/day/ y | | CREC | |
| INSTRUC | CTIONS: Us | e typewriter or ball point pen. PLEA | ISE PRESS FIRMLY and P | RINT clearl | y. Please fi | ll in blank | s, underline or ci | rele he co | orrect answers. Send top | |
| three copie | es to Kansas | Department of Health and Environme | nt, Bureau of Water, Geolo | gy Section, | 1000 SW Ja | ckson St., | Suite 420, Topek | a, 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 constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | | |