| 5 | | | WATER | WELL RECORD | Form WWC- | KSA 82 | a-1212 | | | |
|---------------|-------------------------|------------------------------------|--|--|---|---|--|--|---|--|
| LOCATIO | N OF WA | TER WELL: | Fraction | | | ction Number | r Township N | lumber | Range Number | |
| ounty: Cl | herokee | | SW 1/4 | SW 1/4 SE | | 10 | т 35 | S | R 22 (E)W | |
| | | from nearest town of ecan Store or | - | | | Side | | | · · | |
| | WELL OW | | | Pauline Brow | | <u>Juc</u> | | | | |
| IR#, St. A | ddress, Bo | x # : F | R#1, Box 1 | 79A | | | Board of | Agriculture, | Division of Water Resources | |
| City, State, | ZIP Code | : | Chetopa, K | ansas 673 | 36 | | Applicatio | n Number: | None | |
| LOCATE | | OCATION WITH 4 N BOX: | DEPTH OF CO | MPLETED WELL. ater Encountered | 306 | ft. ELEV. | ation: Unkn 2. 295 | OWII | | |
| - W | - NW | NE ES BO WI | Pump it. Yield .60 ire Hole Banfeld ELL WATER TO X Domestic 2 Irrigation as a chemical/batted | test data: Well was gorn; Well was S. J. | ater was ater was to 190 5 Public wate 6 Oil field wa 7 Lawn and e submitted to D | ft. ft. ft. ft. ft. ft., ft., ft., er supply ster supply garden only epartment? | after after and 6 1/8 8 Air conditioning 9 Dewatering 10 Observation w Yes No. 2 | hours pu hours pu in 11 12 ell iniif yes | Other (Specify below) , mo/day/yr sample was sub- | |
| | | CASING USED: | | 5 Wrought iron | 8 Concr | ete tile | CASING JO | INTS: Glue | d Clamped | |
|) Ste | | 3 RMP (SR) | | 6 Asbestos-Cemer | | (specify belo | • | - | led X | |
| 2 PV | | 4 ABS | | 7 Fiberglass | | | | Thre | aded | |
| 3lank casin | ig diamete | 5./.8 · · · · in. | to 190 | .* ft., Dia | in. to | | ft., Dia | | in. to ft. | |
| Casing heig | tht above I | and surface12". | is | n., weight \dots 1 | 3#/Ft | Ibs | ./ft. Wall thickness | or gauge N | o <u>.</u> 188 | |
| | | R PERFORATION M | | NONE | 7 PV | _ | | bestos-ceme | | |
| 1 Stee | | 3 Stainless st | | 5 Fiberglass | | MP (SR) | | | | |
| 2 Bras | | 4 Galvanized | | 6 Concrete tile | 9 AE | S | • | ne used (op | · | |
| | | RATION OPENINGS | | | uzed wrapped | | 8 Saw cut | | $\mathfrak v$ None (open hole) | |
| | ntinuous slo | | | | e wrapped | | 9 Drilled holes | | | |
| | vered shut | | punched | | ch cut | | , , | • • | | |
| | | ED INTERVALS: | $\text{From}.\ \dots.$ | ft. to | | ft., Fro | om | ft. 1 | oft. | |
| G | RAVEL PA | CK INTERVALS: | From | ft. to | | | | | oft. | |
| GROUT | MATERIAL | .: Q Neat cem | nent 2 | Cement grout | 3 Bento | onite 4 | Other | | | |
| Grout Interv | als: Fro | m 10 ft. | to40 | ft., From | ft. | to | ft., From . | | ft. toft. | |
| What is the | nearest so | ource of possible con | ntamination: | · | | 10 Live | stock pens | | bandoned water well | |
| _ | | D Lateral li | | 7 Pit privy | | | storage | 15 C | il well/Gas well | |
| | ver lines | 5 Cess po | | 8 Sewage la | | | ilizer storage | | ther (specify below) | |
| 3 Wat | tertight sew | er lines 6 Seepage | | | | | 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage | | | |
| Direction fro | • | , • | • | | | | | 00'+ | | |
| FROM | TO | | LITHOLOGIC LO | OG | FROM | то | any look. | LITHOLOG | IC LOG | |
| 0 | 26 | Dirt | | | | | | | | |
| 26 | 33 | Brown Gravel | L | | | | | | | |
| 33 | 186 | Grey Shale | | | | | | | | |
| 186 | 190 | Grey Lime | | | | | | | | |
| 190 | | Casing Point | t | | | | | | | |
| 190 | 306 | Lime-Some f | | | | | | | | |
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| - | | | | | | | | | der my jurisdiction and was | |
| completed o | on (mo/day | /year) 2-29-88 | B | | | and this rec | ord is true to the | est of my kn | oyledge and belief. Kansas | |
| Nater Well | Contractor | s License No. 381 | [)ri11ing. | This Water | Well Record wa | s completed by (signa | on (mo/day/yr) | () | | |
| INSTRUCT | TIONS: Use t | pewriter or ball point per | n. PLEASE PRESS | FIRMLY and PRINT of | clearly. Please fill in | blanks, underli | ne or circle the correct | answers. Ser | nd top three copies to Kansas | |
| Departmen | nt of Health a | nd Environment, Bureau | of Water Protectio | n, Topeka, Kansas 66 | 620-7320, Telepho | ne: 913-862-93 | 860. Send one to WAT | ER WELL OV | NER and retain one for your | |
| records. | | | | | | | | | | |