| | | | | | | | | |
|---|--|--|-----------------|--|-----------------------|--|---------------------------------------|--|
| XX/ A TYTE | וים מעור כדי | LL RECORD | Form W | TOUC 5 | District of West | er Resources App. 1 | No. | |
| | | OF WATER WELL: | Fraction | / W C-3 | Section Number | | | |
| 1 | | OF WALER WELL: | 1/4 NE 1/4 50 | 5F 1/ | 33 | T 3 S | R 20 DE DW | |
| Cou | nty. | Address of Well Location; | 74 /VE 74 31 | Producestion | Clobal Basitlania | a System (CDS) | | |
| | | town or intersection: If at | | Latitude: 39 | 7422443 | information: (in decimal degrees) (in decimal degrees) | | |
| 11011 | | of Priling St. | AS FORT A | Landitude. | 5.1781282 | (in decimal degrees) | | |
| 107 631 | | | | | | | | |
| | | | · · · · | | Datum: WGS | 84, 🕱 NAD 83, 🛚 | 7 NAD 27 | |
| 2 WATER WELL OWNER: USDA Aug.: Steve Gilmpre Collection Method: | | | | | | | | |
| R.R. | 4, Street. | Address, Box #: Stap O | 313 Room 4714 | l- s | GPS unit (Ma | ke/Model: |) | |
| City, State, ZIP Code : 1400 Treference Are Su Digital Map/Photo, LIT | | | | | | | | |
| washington D.C. 20250-0513 Est. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ >15 m | | | | | | | | |
| | 3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL \$1' | | | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | | |
| 0,20 | N WELL'S STATIC WATER LEVEL | | | | | | | |
| | | | | | | | | |
| | ECT VIET D gram Well water was ft after hours purpoing gram | | | | | | | |
| w N | [** | | | | | | | |
| , '' | WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | |
| | Demostic Provides Coll field water supply Dewatering Other (Specify below) | | | | | | | |
| SW - SE - Irrigation Industrial Domestic-lawn & garden Monitoring well Security below | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| | 1 mile | Water well disin | fected? 🗌 Yes 📋 | No | - | | | |
| 5 TYP | EOFC | ASING USED: Steel | PVC 🗌 | Other | | | | |
| 5 TYPE OF CASING USED: Steel No PVC Other Other Casing Joints: Glued Clamped Welded Mo Threaded | | | | | | | | |
| Casing diameter in to | | | | | | | | |
| Casir | g height | above land surface | in. Weigh | t .70 | lbs./ft Wall th | ickness or gauge N | To Sch 40 | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) | | | | | | | | |
| Brass Galvanized Steel None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) | | | | | | | | |
| ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) | | | | | | | | |
| SCKE | SN-PERF | OKATED INTEKVALS: | FIOID | ft. to | A Erom | | to ft. | |
| | GRAV | EL PACK INTERVALS: | From \$3 | ft to | • 8 From | ft | to fr | |
| | OJOLY. | | | | | | | |
| Fromft. toft., Fromft. toft. of. GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| | tervals: | From 48 ft. to | | | | | | |
| | | est source of possible conta | | | | , | | |
| | Septic tar | ok 🗍 Lateral lin | es Pit privy | Livestock p | ens 🔲 Insecticid | e storage Ot | her (specify below) | |
| | Sewer lin | _ | Sewage lagoon | Fuel storage | Abandone 🔲 | d water well | | |
| | | ht sewer lines 🗌 Seepage p | | | orage 🔲 Oil well/g | | *********************** | |
| | | n well | | | | | | |
| FROM | TO | LITHOLOG | CLOG | FROM | TO LITHO. L | .OG (cont.) <u>or</u> PLI | UGGING INTERVALS | |
| 0' | 4' | Top Soil | | | | | | |
| м, | 20,5 | silf-Clay | | | | | | |
| 20,5 | 69 | 1:11 | | | | | | |
| _69_ | 81.6 | Sord | | 1 | | | · · · · · · · · · · · · · · · · · · · | |
| 81.6 | 85 | Black 7:11 | ······ | | | | | |
| · | | | | | | | | |
| | | | | 1 | | | | |
| | | | | | | | | |
| | | | | 1 | | | | |
| | | | | | <u>_</u> | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Accountracted, or plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | | | |
| under m | y jurisdic | ction and was completed or | (mo/day/year)!? | 119114 an | i this record is true | to the best of my | knowledge and belief. | |
| | | cll Contractor's License No | This | Water Well Re | cord was completed | i on (mo/day/year |)ioTibY/; | |
| under th | e busines | ss name ofC | ascade DriV | * - 1 | by (signature) | | | |
| | | Use typewriter or ball point pen. Kansas Department of Health | | | | | | |
| | | 5524. Send one copy to WATE | | | | | | |
| http://www.kdbeks.gov/waterweil/index.html. | | | | | | | | |
| SSA 82a-1212 | | | | | | | | |