| WATER WELL RECORD | | Form WWC | Form WWC-5 Division of Water Resources; App. | | | pp. No. |
|---|---|-------------------------------|--|--|-------------------------|--|
| | OF WATER WELL: | Fraction VE 1/4 VE 1/4 | 16/1/2 | Section Numb | 1 4 1 1 | |
| County: Cloud WE/4 WE 1/4 WE 1/4 33 T 6 S R 3 Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of a | | | | | | |
| located within city? From Corcodin 60 SMILL) Latitude: | | | | | | mar degrees, min. or raigns) |
| Saul DA XI Hall To Mila RI to 15076 Longitude: | | | | | | |
| 2 WATER V | VELLOWNER: 2015 | DOK CO GIBY | Ball | F21 41 | | |
| | Idress, Box # : 20 76 | amon Rd. | | Datum: | | |
| City, State, | CONCOR | d.1 K5 66/0 | / | Data Collecti | | |
| 3 LOCATE V | VELL'S 4 DĔPTH OF C | OMPLETED WELL | 120. | | . ft. | • |
| LOCATIO | N D = 41.(=) C = 1 | water Encountered (1) | 101 | Α (2) | C. | (2) |
| WITH AN SECTION | POY: Depth(s) Ground | water Encountered (1) | | II. (2) selow land sur | II. face measured on | (3) |
| SECTION N | Pump tes | t data: Well water was | | ft. after | hours pui | mpinggpm |
| | Est. Yield. 20 . | gpm: Well water was | | .ft. after | hours pu | mping gpm |
| NW | WELL-WATER | TO BE USED AS: 5 Pul | blic water si | apply 8. | Air conditioning | 11 Injection well |
| W E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes | | | | | | |
| Sample was submitted | | | | | | |
| s | | | | | _ | |
| 5 TYPE OF C | ASING USED: 5 Wro | ught Iron 8 Cor | ncrete tile | CAS | SING JOINTS: | flued.) Clamped |
| 1 Steel | ` / | | er (specify l | oelow) | | Velded |
| PV | 4 ABS 7 Fiber | rglass | | | T | hreaded |
| Blank casing diameter | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | |
| 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 3 Mill slot 2 Canada wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) | | | | | | |
| From ft. to ft. From ft. to ft. | | | | | | |
| From | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | |
| Grout Intervals | From ft. t | o . 25 ft From | f children | t. to | ft From | ft. toft. |
| What is the nearest source of possible contamination: | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify | | | | | | |
| 2 Sewer 1 | | 9 9 | 11 Fuel sto | _ | 4 Abandoned water | |
| 3 Waterti Direction from | ght sewer lines 6 Seepage | | 12 Fertilize | r storage 13 feet? 90 | Oil well/gas well | 1 Gpak |
| FROM TO | | OGIC LOG | FROM | TO | | NG INTERVALS |
| 9 / | Tra Soit | Jole Edd | TROM | 10 | 1 LCGGII | 10 II I ER VILED |
| 1 23 | Brown Clay | | | | | |
| 23 26 | Gravil + Linus | tonb | | | | |
| 26 53 | GNV Sholl | | | | | |
| 53 58 | Brown Shall | | | | | |
| 58 7/ | Limistant | | | | | |
| 7/ /00 | Light Gry Sho | (Wester) | | | | |
| 100 110 | Limistofe Con Chala | (-),- | | | | |
| | | | | | | And the state of t |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged | | | | | | |
| 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) 5/15/11/20/and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 20/20/20/20/20/20/20/20/20/20/20/20/20/2 | | | | | | |
| Raisas water wen confidence to the transfer with Record was completed on (120/day) year) | | | | | | |
| | ess name of | DIEASE DRESS EIRMIN and | | (signature) | vara f | CWD/PL |
| three copies to Kar | Use typewriter or ball point pen. sas Department of Health and Envi | ronment, Bureau of Water, Geo | PKINI clearly logy Section. | y. Piease fill in b 1000 SW Jackson | St., Suite 428, Topek | a, Kansas 66612-1367. Telephone |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, 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. | | | | | |