| | | \ | WATER WELL REC | ORD | Form WWC-5 | KSA 82a | 1212 ID | No | | | |
|---|--------------------|----------------------|-------------------------------|-------------|--|----------------------|-------------------------|---|---|--|--|
| 1 LOCATI | ON OF WA | TER WELL: | Fraction | | | Se | ction Number | r Townsh | ip Number | Range Number | |
| County: | Jeffer | son | NW 1/4 | SE | 1/4 NE | 1/4 | 29 | _T 7 | S | R 18E E/W | |
| Distance and direction from nearest town or city street address of well if located within city? $4\frac{1}{2}$ is miles NEXM north and 1 3/4 miles east of Valley Falls | | | | | | | | | | | |
| | | | i Flory | . 3/3 | miles | case of | Valle | y rarrs | | | |
| | | | - | | | | | | | | |
| RR#, St. Address, Box # : 113 W Chase City, State, ZIP Code : Burlingame, Ks. 66413 Board of Agriculture, Division of V Application Number: | | | | | | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL | | | | | | | | | | | |
| AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 | | | | | | | | | | | |
| WELL'S STATIC WATER LEVEL | | | | | | | | | | oumping gpm oumping gpm njection well Other (Specify below) | |
| | -SW | - SE I | Was a chemica mitted | l/bacterio | cteriological sample submitted to E | | | Department? Yes No $_{\mathbf{X}}$; If yes, mo/day/yrs sample was sub-Water Well Disinfected? Yes $_{\mathbf{X}}$ No | | | |
| 5 TYPE C | OF BLANK (| ASING USE | D: | 5 Wrou | ght iron | 8 Conci | ete tile | CASINO | JOINTS: Glue | edX Clamped | |
| | 1 Steel 3 RMP (SR) | | | | stos-Cement | | 9 Other (specify below) | | Wel | ded | |
| 2 PVC | | 4 ABS | | 7 Fiber | | | | | | eaded | |
| | | | | | | | | | | ft. | |
| | | | | in., v | weight | | | lbs./ft. Wall th | ickness or gua | ge No 2.5.8 | |
| | | | ION MATERIAL: | | | 7 P | | | Asbestos-Cer | | |
| 1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel | | | | | 5 Fiberglass6 Concrete tile | | MP (SR) 3S | | 11 Other (Specify)12 None used (open hole) | | |
| SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole) | | | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)ft. | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | |
| From | | | | | | | | | | | |
| | | | | | | | | | | | |
| | T MATERIA | | eat cement | | ment grout | | tonite | | | | |
| | | | | 5 ft | ., From | ft. | to | ft., From | | ft. toft. | |
| What is the nearest source of possible contamination: | | | | | | | | 10 Livestock pens | | Abandoned water well | |
| 1 Septic tank 4 Lateral lines | | | | 7 Pit privy | | • | 11 Fuel storage | | 15 Oil well/Gas well | | |
| 2 Sewer lines 5 Cess pool | | | | | 8 Sewage lagoon | | 12 Fertilizer storage | | 16 Other (specify below) | | |
| | • | er lines 6 So | eepage pit | | 9 Feedya | rd | | ecticide storage | _ | | |
| Direction fr | om well? | east | | | | | | any feet? | 300' | | |
| FROM | ТО | | LITHOLOGIC | LOG | | FROM | TO | | PLUGGING II | NTERVALS | |
| 0 | 3 | top s | | | | 87 | 100 | clay g | cey | | |
| 3 | 11 | | brown | | | | | | | | |
| 11 | 32 | clay | æ yellow | sandy | 7 | | | | | | |
| 32 | 35 | fine | sand brow | n | | | | | | | |
| 35 | 38 | | yellow sa | | | | | | | | |
| 38 | 43 | clay | tan sandy | | | | | | | | |
| 43 | 47 | clay | x yellow | sandy | 7 | | | | *** | | |
| 47 | 48 | clay | grey | | | | | | | 10.1 | |
| 48 | 51 | fine | sand grey | | | | | | | | |
| 51 | 57 | clay | grey sand | t | | | | | | | |
| 57 | 63 | | grey brow | | K | | | | | | |
| 63 | 66 | _ | grey sand | | | | | | | | |
| 66 | 71 | | WW fine/c | | e sand n | ned seps | pea gr | ≥y | | | |
| 71 | 87 | 1 | se sand pe | | | | | | | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was | | | | | | | | | | | |
| completed of | on (mo/day/ | /ear)1.1.: | -8-05 | | | | and this | record is true to | the best of my l | knowledge and belief. Kansas | |
| Water Well | Contractor's | Licence No | 1.82 | | This Wate | r Well Record | d was comple | eted on (mo/day | yr) _12-29 | -95 | |
| | usiness nar | | rader Dril | | | | | y (signature) | Men | Mary. | |
| INSTRUC | TIONS: Use typ | ewriter or ball poir | nt pen. <i>PLEASE PRESS F</i> | IRMLY and | PRINT clearly. Plea | se fill in blanks, u | nderline or circle | the correct answers. | end top three con | es to Kansas Department of Health | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers send top 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. | | | | | | | | | | | |