ww118

| | | | TER WELL REC | ORD Form WWC-5 | KSA 82a- | 1212 ID No | | Andrew Control of the |
|---|------------------|--------------------|-----------------|---|-----------------------|------------------------|--------------------------|--|
| | | TER WELL: | Fraction | 570 4.16 | | tion Number | Township Number | Range Number |
| | | ···· | <u>5W1/4</u> | 5R 1/4 NR 1/4 | | | | R / EW |
| | | | • | ddress of well if located v | • | | | |
| 2 WATER | FUZ W RWELLOW | NER: MLS A | CUTH PILK | EST NORTH S | 4012 01 | 2 HWY 1 | 6· | |
| _ | ddress, Box | | 16 will god | , | | | | re, Division of Water Resources |
| City, State, | | OLSBU | R6. KS. | 66520 | | , | Application Numb | |
| 3 LOCATE | WELL'S LC | CATION WITH | _ | • | | | | |
| AN "X" IN | N SECTION N | BOX: | Depth(s) Groun | dwater Encountered 1 C WATER LEVEL 63. | 6/ | ft. | 2 | ft. 3 ft. |
| | 1 | ı | WELL'S STATIC | on test data: Well water | tt. beld | w land surface | measured on mo/day/y | urs pumpinggpm |
| | 1 / | 1 | Est. Yield 2 | gpm: Well water | was | ft. a | ter hou | urs pumpinggpm |
| NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | |
| Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | |
| W E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | |
| | | | | | | | | |
| | -sw - | - SE | | l/bacteriological sample s | ubmitted to I | Department? Y | es; If ye | es, mo/day/yrs sample was sub- |
| mitted Water Well Disinfected? Yes No | | | | | | | | |
| | S | | | | | | | |
| | | CASING USED: | | 5 Wrought iron | 8 Concre | | | Glued Clamped |
| 1 Stee | | 3 RMP (SR 4 ABS | () | 6 Asbestos-Cement 7 Fiberglass | | specify below) | | Welded Threaded |
| | | 5 | in to | 3 ft Dia | 5 | in to 93 | | in. toft. |
| | | | 24 | in weight | | | hs /ft Wall thickness or | guage No <i>5DR</i> 2.1 |
| _ | | R PERFORATION | • | woight | (PVC) | | 10 Asbestos-Cement | |
| 1 Steel 3 Stainless Steel | | | 5 Fiberglass | | | | ecify) | |
| 2 Bras | ss | 4 Galvanize | ed Steel | 6 Concrete tile | te tile 9 ABS | | 12 None used (open hole) | |
| SCREEN (| OR PERFOR | RATION OPENIN | GS ARE: | 5 Guaze | d wrapped | | 8 Saw cut | 11 None (open hole) |
| 1 Con | tinuous slot | 3 Mi | il slot | 6 Wire v | | | 9 Drilled holes | |
| 2 Louv | vered shutte | er 4 Ke | y punched | 7 Torch | | | | ft. |
| SCREEN- | PERFORAT | ED INTERVALS: | From | 3t. to | <u> </u> | ft., From . | | ft. toft. |
| , | CDAVEL DA | CK INTERVALS: | From7. | ft. to | 73 | ft., From . | | ft. to |
| , | SHAVELPA | CK INTERVALS: | From | ft. to | | ft. From | | ft. toft. |
| | | | | | | | | |
| 6 GROL | IT MATERIA | L: 1 Neat | cement | 2 Cement grout | 4 Rent | onite 4 | Other | |
| | | - | | ft., From | ft. t | o | ft., From | ft. toft. |
| | | urce of possible | | | | 10 Livesto | • | 14 Abandoned water well |
| 1 Septic tank 4 Lateral lines | | | | 7 Pit privy | | 11 Fuel st | _ | 15 Oil well/Gas well |
| 2 Sewer lines 5 Cess pool | | • | 8 Sewage lagoon | | 12 Fertilizer storage | | Other (specify below) | |
| | _ | er lines 6 Seepa | • | 9 Feedyard | | 13 Insecticide storage | | |
| Direction fr | 1 | NORTH | | 1100 | 50014 | How many | | O NITEDIAL O |
| FROM | TO | | LITHOLOGIC | | FROM | то | PLUGGIN | G INTERVALS |
| <u>Q</u> | 3/ | CLAY, B | ROWN 70 | | | | | |
| 3/ | 38 | WEATHE | AMD 5H | TLPZ | | | | |
| 30 | 45 | LIMESO | muk_ | | | | | |
| 42, | 63 | OMMUZ, | Im | | | | | |
| <i>_6,</i> ≥ | 6/_ | LIMPSP | WK_, FRA | OVERD (H20) | | | | |
| 6/ | 83 | SHALLE | | • • | | | | |
| 80 | 88 | Langeson | me - | | | | | |
| 80 | 103 | SHAUZ, G | RNY | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | , | | | |
| 7 | | | | | | | • | · |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was | | | | | | | | |
| completed on (mo/day/year) | | | | | | | | |
| | | | حسن ب | | veli Record | | | |
| | usiness nar | | | UNILON MKNO) | ZM | <u> </u> | ignature) | 16 |
| | | | | IRMLY and PRINT clearly. Please on St., Suite 420, Topeka, Kansas | | | | copies to Kansas Department of Health OWNER and retain one for your |
| and Living | | , | | | | | | |