| | | WA | TER WELL RECORD | Form WWC-5 | KSA 82a | -1212 | | | |
|--|---------------------|---|---|-----------------|-------------------------|-----------------------|--|-----------------------------|--|
| LOCATION OF WA | TER WELL: | Fraction | | Sec | tion Number | Township Nur | | Range Number | |
| County: County: | from progress to | up or oity street | t address of well if leasts | W 1/4 | 26 | <u> </u> | _(\$ <i>)</i> | R /2 (E)W | |
| Highway To So | YOU RALL | 6. 1 M | t address of well if locate $45+75\sim62$ | ALACTA - | From Fr | nmet Go | Niti | N3190 000 03 | |
| WATER WELL OW | WER KINA | V GRAY | 1 13 13 10 63 1 | 00000 | NODE | 2 1 19526 | | | |
| RR#, St. Address, Bo | | Son dirs | Rd, | | | Board of Ag | riculture, D | Division of Water Resources | |
| City, State, ZIP Code | Application Number: | | | | | | | | |
| LOCATE WELL'S L | OCATION WITH | 90, 165 4 DEPTH OF | 66547 | 140 | ft. ELEVA | TION: | | | |
| AN "X" IN SECTIO | N BOX: | | | | | | | | |
| ī <u>!</u> | | WELL'S STA | TIC WATER LEVEL | <i>40</i> ft. b | elow land sur | face measured on r | no/day/yr | | |
| | - NF | | • | | | | | mping gpm | |
| X | | | | | | | | nping gpm | |
| • w - 1 | F E | | / | <i>J.Y. O</i> | | and | in. | to | |
| <u> </u> | | | TO BE USED AS: | 5 Public water | | 8 Air conditioning | | - | |
| SW | SE | 1 Domes | | | | | | Other (Specify below) | |
| | | 2 irrigatio | | - | - | | | | |
| | | 1 | al/bacteriological sample | submitted to Di | | | The same of the sa | mo/day/yr sample was sub- | |
| TYPE OF BLANK | CASING LISED: | mitted | E Wrought iron | 8 Concre | | ter Well Disinfected | | No Clamped | |
| 1 Steel | 3 RMP (S | B) | 5 Wrought iron 6 Asbestos-Cement | | (specify below | | | od | |
| 2 PVC | 4 ABS | (1) | 7 Fiberglass | | | • • • • • • • • • • • | | ded | |
| Blank casing diameter | 5 | in. to . 12 | O ft. Dia | in. to | | ft Dia | i | n. to ft. | |
| | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass | | | | | | | (specify) | | |
| 2 Brass | 9 ABS 12 No | | | used (ope | n hole) | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: 5 5 Gauzed wrapped 8 Saw cut 11 None (open he | | | | | | | | 11 None (open hole) | |
| 1 Continuous slo | ot (3 M | lill slot | 9/000 6 Wire | wrapped | | 9 Drilled holes | | | |
| 2 Louvered shut | ter 4 K | ey punched | 7 Torch | r cut | | 10 Other (specify) | | | |
| SCREEN-PERFORAT | ED INTERVALS: | | • | | | | |) | |
| CDAVEL DA | OK INTERVALE. | | | | | | |) | |
| GRAVEL PA | CK INTERVALS: | From | ft. to | | ft., Fror | | |) | |
| GROUT MATERIAL | L: 1 Neat of | | 2 Cement grout | (3 Bento | | | | | |
| Grout Intervals: Fro | m/2 | .ft. to | ft., From | | | | | . ft. to | |
| What is the nearest so | | 10 Livestock pens | | | 14 Abandoned water well | | | | |
| What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit | | | | orivy 11 F | | Fuel storage | | 15 Oil well/Gas well | |
| 2 Sewer lines 5 Cess pool | | | 8 Sewage lagoon | | 12 Fertilizer storage | | 16 Other (specify below) | | |
| 3 Watertight sewer lines 6 Seepage pit | | | 9 Feedyard | | 13 Insecticide storage | | | | |
| Direction from well? | | | | | How mar | | 00110 1 | TED. (1) 6 | |
| FROM TO | 7.00 | LITHOLOG | IC LOG | FROM | то | PLU | GGING IN | ITERVALS | |
| 2 10 | 100 30 | il | | | | | | | |
| 10 13 | Brown Limis To | | 111000000000000000000000000000000000000 | | | | | | |
| 13 18 | | - Sholy | | | | | | | |
| 18 113 | Griy | | | | | | | | |
| 18 43 | LimisTo | X / / | NATA) | | | | | | |
| 46 62 | GAY S | | | | | | | | |
| 62 84 | Cortinis | · ^ / | | | | | | | |
| 84 87 | Lin. STO | | | | | | | | |
| 84 87 | Brown | | | | | | | | |
| 105 108 | LinisTon | | | | | | | | |
| 108 115 | Brown | | | | | | | | |
| 115 122 | LinesTE | | | | | | | | |
| 122 130 | Gray Sh. | | , | | | | | | |
| 130 140 | Grievish | | | | | | | | |
| CONTRACTOR'S | OR LANDOWNER | R'S CERTIFIC | ATION: This water well w | | | | | er my jurisdiction and was | |
| completed on (mo/day | year) | 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | ∵ ℋ | | | | or my kno | wledge and belief. Kansas | |
| | | | Siff Diffics | | | | // | CNAPI | |
| and the submission in | MALK | I JON M | VIEW WINEIT | | 2) (Signal | | 7/1 | | |

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.