| | | | ATER WELL RECOR | D Form WWC-5 | KSA 82a-12 | 12 ID No. | SVE-114 | | |
|--|---|---|---|---|-------------------|--|---|--|--|
| | Potta | TER WELL: | Fraction 1/4 | NW | Sectio | n Number | Township Number | . Range Number | |
| Distance | and direction | from nearest to | | ess of well if located v | | Form | | | |
| 1 | nile N | WOF | Wanego | 9 . | | 16795 | | mego, KS 66547 | |
| 2 WATE | ER WELL OW | NER: US | | | nginears | | | , | |
| | Address, Box e, ZIP Code | #:601 :Kan | East 10 | MO 6 | 4106 | | Board of Agriculture, (Application Number: | Division of Water Resources | |
| 3 LOCAT | E WELL'S LC | | 4 DEPTH OF COM | | | ft. ELEVATION | | *************************************** | |
| | IN SECTION | | Depth(s) Groundwa | ater Encountered 1 | NA. | ft. 2 | ft. 3 | ft. | |
| | . I I | 1 | WELL'S STATIC W | ATER LEVEL | ft. below. | land surface r | measured on mo/day/yr | | |
| | X. | 1. | Est. Yield | est data:: Well water dom:: Well water | was was | | erhours p | oumpinggpm oumpinggpm | |
| _ | -1000 | - NE | WELL WATER TO | | ublic water sup | ply 8 | Air conditioning 11 la | njection well | |
| w_ | | | 1 Domestic 2 Irrigation | | il field water su | | Dewatering 120 | Other (Specify below) | |
| VV | 1 | E | 2 irrigation | 4 Industrial 7 D | omestic (lawn a | s garden) 10 | Monitoring well | u | |
| _ | -sw - | - SE | | | | , , , , , , | V | | |
| | 1 | 1 | was a chemical/ba mitted | cteriological sample s | ted to Det | | s No /.\. ; If yes, n r Well Disinfected? Yes | no/day/yrs sample was sub No | |
| L | | | | . | i. | | Troil Blaimottod: 100 | 140 | |
| 5 TYPE | OF BLANK (| ASING USED: | | Mraught tran | 8 Concreté | i All — · | OAGING IGINTO GL | | |
| 1 Ste | | 3 RMP (SF | | Wrought iron Asbestos-Cement | 9 Other (spe | V | | d led | |
| 2 PV | | 4 ABS | . 7 | Fiberdlass | | } | Thre | aded. X | |
| Blank cas | sing diameter | <i>9</i> ." | in. to | ft., Dia | | n, to | , ft., Dia | ft. | |
| Casing he | eight above la | nd surface | 56 " | in., weight | | } lbs | s./ft. Wall thickness or guaç | je No. | |
| TYPE OF 1 Ste | SCHEEN OF | R PERFORATIO 3 Stainless | N MATERIAL: | Fiberglass | 7 PVC) 8 RMP*(| : ' | 10 Asbestos-Cen | nent | |
| 2 Bra | | 4 Galvaniz | | Concrete tile | 9 ABS | | 12 None used (or |) pen hole) | |
| | | ATION OPENIN | | ** | d wrapped | | 8 Saw cut | 11 None (open hole) | |
| | ntinuous slot | | ill slot | - 9 6 Wire w | 1 1 | | 9 Drilled holes | 11 None (open note) | |
| | uvered shutter | | y punched | . 7 Torch | out | 1 | 0 Other (specify) | ft. | |
| SCREEN- | -PERFORATE | ED INTERVALS: | From | 2ft. to | 0 | ft., From | ft. tọ | ft. | |
| | GRAVEL PAG | CK INTERVALS: | From | | | ft., From | ft. to | ft. | |
| | CHAVELIA | PRINTERVALO. | From | ft. to | | it., From | ft. to | It. | |
| | | · | | | | ! | | | |
| | UT MATERIA | | cement | 2 Cement grout | 3 Benton | te 4 C | Other | | |
| Grout Inte | | iroo of possible | II. 10 | π.,rom | tt. to | | | ft. toft. | |
| | What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines | | | 7 Pit privy | 7 Pit privy | | 10 Livestock pens 14 Abandoned water well | | |
| | wer lines | 5 Cess | | 8 Sewage la | noon : | 11 Fuel storage 15 Oil well/Gas well. 12 Fertilizer storage 16 Other (specify below) | | | |
| | 3 Watertight sewer lines 6 Seepage pit | | | 9 Feedyard | 1 | | 13 Insecticide storage | | |
| Direction f | - | | | | | How many f | • | **** | |
| FROM. | ТО | | LITHOLOGIC LO | G | FROM : | ТО | PLUGGING IN | TERVALS . | |
| 0 | 80 | Silt & | Clar La | yers | . 4 | | | | |
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| CONTE | RACTOR'S O | R LANDOWNER | R'S CERTIFICATION | I: This water well was | (1) constructe | d, (2) reconsi | iructed, or (3) plugged unc | der my jurisdiction and was | |
| completed | RACTOR'S Of on (mo/day/ye | ear) 6./.2 .1 | 6/10 | | ************** | and this record | d is true to the best of my kr | der my jurisdiction and was nowledge and belief. Kansas | |
| completed Water Well | RACTOR'S Of on (mo/day/yel Contractor's | ear) %/.2.! Licence No | 6/10 | I: This water well was | ************** | and this record completed o | d is true to the best of my kr n (mo/yay/vr) | der my jurisdiction and was nowledge and belief. Kansas | |
| completed Water Well under the b | RACTOR'S Of on (mo/day/yel Contractor's pusiness name | ear) | 6/10 597 ~+ 1 one | This Water W | /ell Record was | and this record completed o by (sign | d is true to the best of my kr n (mo/say/yr) nature | owledge and belief. Kansas | |
| completed Water Well under the b | RACTOR'S Of on (mo/day/ye Contractor's pusiness name CTIONS: Use types | ear) 8/2 4 Licence No e of Boa writer or ball point pen | 597 V + Long EPLEASE PRESS FIRMUS | This Water W | /ell Record was | and this record s completed o by (sign | d is true to the best of my kr n (mo/yay/vr) | to Kansas Department of Health | |