| J. Karalina | | | | | | | | DI | | |
|--|--|---------------------|-------------------|--|--|--------------------------------|--|--------------------|----------------------------|--|
| TI LOCAT | ION OF WA | ATER WELL: | Fraction | TER WELL RECORD | Form WWC | 2-5 KSA 82 Section Number | 2a-1212 | nio Number | Range Number | |
| <u></u> | cavino | 17 | | 1 S(1) 1 NU | , - | 18 | 7 5 | | R 2 3 €W | |
| | | | | address of well if locate | | | | | <u> </u> | |
| 4901 | Scleo | + Produc | of Dr. | LEavingw | orth | | | | | |
| 2 WATE | R WELL O | WNER: Hallm | | rds | | | | | | |
| RR#, SL | Address, Bo | ox # : 4901 | Select P | roduct Dr. | | | Board | of Agriculture, | Division of Water Resource | |
| City. Stat | e. ZIP Code | Leguis | na worth | KS 6604 | 8 | | Applic | ation Number: | | |
| 3 LOCAT | E WELL'S | LOCATION WITH | 4 DEPTH OF | COMPLETED WELL | .24 | tt. ELEV | ATION: | | | |
| ANX | ' IN SECTIO | N BOX: | Depth(s) Grou | ndwater Encountered 1 | . 2. 3 | ft. | 2 | | 3 | |
| Ī | ! | | WELL'S STAT | IC WATER LEVEL | ft. | below land st | urtace measure | d on mo/day/yr | | |
| | Pump test data: Well water was It. after hours pumping gpm | | | | | | | | | |
| X1 1 Est. Yield gpm: Well water was ft. after: hours pumping gp | | | | | | | | | | |
| iş w | ! | | | - | | - | | | . to .2.9tr. | |
| 2 | ! | | | | | ater supply | 8 Air condition | • | Injection well | |
| | SW | SE | 1 Domesti | | | vater supply | | | Other (Specify below) | |
| | 1 | | _2 Irrigation | | | | | | buitaring well | |
| 1 | | اللل | | al/bacteriological sample s | ubmitted to | | | , | , mo/day/yr sample was sub | |
| S TYPE | OE SI ANY | CASING USED: | mitted | 5 Manuals inco | 9.000 | | ater Well Disin | | No d Clamped | |
| 1 S | | 3 RMP (SI | ۵۱ | 5 Wrought iron 6 Asbestos-Cament | | crete tile er (specify belo | | | ed | |
| 2.2 | | 4 ABS | ٦) | 7 Fiberdiass | | , , | • | _ | eded | |
| 2 PVC 4 ABS 7 Fiberglass Threaded | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | |
| TYPE OF | SCREEN C | R PERFORATION | N MATERIAL: | | | VC | | Asbestos-ceme | | |
| 1 SI | t eci | 3 Stainless | st eel | 5 Fiberglass | 8 A | MP (SR) | 11 | Other (specify) | | |
| 2.9 | rass | 4 Galvaniz | ed steel | ~ | | | 12 | None used (op | en hole) | |
| SCREEN | OR PERFO | RATION OPENIN | GS ARE: | ARE: 5 Gauzed wrapped | | | 8 Saw cut | | 11 None (open hole) | |
| | ontinuous sk | | ill slot | 6 Wire v | Ausbbeg | | 9 Drilled ho | | | |
| | xuvered shut | | sy punched | 7 Torch | cut / | | | • • | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From / /t. to /t. From /t. f | | | | | | | | | | |
| , | GLANGE L'A | CK HAISHANDS: | From | ft. to | 4 / | ft. Fro | | ft. to | , | |
| 6 GROU | T MATERIAL | L: 1 Neat c | | 2 Cement grout | 3 Bent | | | | | |
| Grout Intervals: • From. O. T. t. to 15 | | | | | | | | | | |
| What is th | ne nearest so | ource of possible | contamination: | | | 10 Lives | stock pens | 14 At | pandoned water weil | |
| 1 Septic tank 4 Lateral | | | al lines | l lines 7 Pit privy | | | 11 Fuel storage 15 Cil well/Gas well | | | |
| } | wer lines | 5 Cess | • | | | | 12 Fertilizer storage 16 Other (specify below) | | | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage . Old . T. 4. m. t | | | | | | | | | 1.4.7 t T. (t | |
| Direction 1 | from well? | NE | LITHOLOGIC | 3 + 00 | | | iny feet? 30 | | 10.100 | |
| (1) | 1.5 | Gravel | BIROCOGIC | , tog | FROM | TO | | LITHOLOGI | <u> </u> | |
| 1:5 | 4 | Topsol | 1. | | | | | | | |
| 4 | 19 | Olive C | 166 | | † | 1 | | | | |
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| 1 | 1 | | | | - | | | | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and completed on (mo/day/year) 5 3.0 9.9 and this record is true to the best of my knowledge and belief. Kansas | | | | | | | | | | |
| | | | | | | | | | | |
| water Well Contractor's License No | | | | | | | | | | |
| INSTRUC | TIONS: Use | Noewriter or hall n | point pen PI FA | SEPRESS FIRMLY and | PRINTOLO | by (signa | | tine or circle the | correct answers. Send ton | |
| INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL | | | | | | | | | | |
| OWNER a | and retain or | ne for your records | š | | | | | | ٠. | |