| WATE | ER WELI | RECORD | Form WWC | C- 5 | Division of Wate | er Resources; App. No. | | |
|--|---|------------------------------------|-------------------------------------|------------------------------|------------------|------------------------|--|--|
| 1 LO | CATION C | of water well: | Fraction WE1/4 SE 1/4 | UF ¼ | Section Number | Township Number T 9 S | Range Number R G (E] W | |
| Dist | ance and di | rection from nearest town of | or city street address of v | vell if G | | Systems (decimal deg | | |
| | ted within o | :4-0 | • | | Latitude: | 9. 300.30 | , | |
| | | ity! From Manhat | Can: le mi-N | 1 | Longitude: 90 | 56021 | | |
| 2 WA | ATER WEI | LOWNER: BERNAK | D ILUTNE | | Elevation: | 1233 | | |
| | #, St. Addre | | W LN | | Datum: | | | |
| Cit | y, State, ZII | | N, KS. 66502 | | | Method: GPS | | |
| 2 10 | CATE WE | LLIS A DEDTH OF CO | MPLETED WELL | Ø 7 | Jaia Conection | Wiethod. | | |
| | | LL S 4 DEFINOR CC | WITEETED WELL | 0.5 | 11. | | | |
| | WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | |
| | CTION BOX: WELL'S STATIC WATER LEVEL36ft. below land surface measured on mo/day/yr.8/8/88 | | | | | | | |
| SEC | | N Pump test data: Well water was | | | | | | |
| | Est. Yield. 30gpm: Well water was | | | | | | | |
| | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | |
| w N | WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | |
| " ├─ | 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | |
| | | | | | | | | |
| S | Was a chemical/bacteriological sample submitted to Department? Yes New; If yes, mo/day/yrs | | | | | | | |
| <u> </u> | Sample was submitted | | | | | | | |
| S | | | | | | | | |
| 5 TEVE | E OF CAS | ING USED: 5 Wrou | aht Iron O Cor | crete tile | CACINI | C IODITC, Chad W | Clammad | |
| 5 1 1 1 | Steel | 3 RMP (SR) 6 Asbes | ght Iron 8 Cor stos-Cement 9 Oth | icrete tile or (apocify l | CASIN | G JOINTS: Glued. | , Clamped | |
| | | AADS 7 Fiboro | dos-Cement 9 Our | er (specify t | elow) | | | |
| 2 PVC 4 ABS 7 Fiberglass Threaded | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| | Steel | 3 Stainless Steel 5 F | | 9 A I | BS | 11 Other (Specify) | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| 1 Continuous slot 3 Mill slo 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 40 ft. to 6.0 ft., From ft. to ft. | | | | | | | | |
| | | Fre | om ft. to | | ft., From | ft. to | ft. | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| | | | | | | | | |
| | DUT MAT | | | | | | | |
| | ntervals: | From ft. to | | f | t. to f | t., From | ft. toft. | |
| | | source of possible contam | | 10.71 | 1 10 1 | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify | | | | | | | | |
| | Sewer line | 1 | 8 Sewage lagoon | 11 Fuel sto | • | bandoned water well | below) | |
| | _ | | it 9 Feedyard | 12 Fertilize | 0 | | MELL CONSTRUT | |
| | | 11? | | · · · · · · | | DI LICCINIC INT | CDVALC | |
| FROM | TO | LITHOLO | GIC LUG | FROM | TO | PLUGGING INT | ERVALS | |
| _O. | 10 | CLAY | | | | | | |
| 6 | | LIMA YOUR | | | | | | |
| 10 | 42 | SHALE, GRAY R | ED COI | | | | | |
| 42 | 47 | LEMESTONE | HZC | | | | | |
| 49 | 82 | SHALFE, GRAY | | | | | | |
| | | • | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Oconstructed, (2) reconstructed, or (3) plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) | | | | | | | | |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (no/day/year) | | | | | | | | |
| under t | he business | name of HSSociation | Unilling the | | (signature) | LAYEU | | |
| | | se typewriter or ball point pen. I | | | | | | |
| 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. Visit us at | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. | | | | | | | | |