WAIER WELL R	ECORD	FORM WWW	C-3	DIVISIO	on or w	ater Resc	ources App.	. No.			
1 LOCATION OF W. County: G	ATER WELL:	Fraction 4 NW 4 N	W 1/4 SE 1/4		tion No	umber	Townshi	p Number 11 s	Range Number R 26 □E ⊠W		
Street/Rural Address of Well Location; if unknown, distance & direction						30 T 11 S R 26 □E ☑W Global Positioning System (GPS) information:					
from nearest town or intersection: If at owner's address, check here \square .											
					Latitude: (in decimal degrees)						
NW CORNER OF Castle Road St & Int of Hwy 212					Longitude: (in decimal degrees)						
					Elevation:						
2 WATER WELL OWNER: City of Quinter					Datum: WGS 84, NAD 83, NAD 27						
RR#, St. Address, Box # Quinter, KS 67752					Collection Method:						
City, State, ZIP Code					CDS weit (Make Made)						
5.17, 5.13.10, Ext. 55.00					☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey						
				F-4	Digital	D .2	o, 🗖 Topog	, D 5-15 m,			
	-			Est.	Accurac	<u>cy: 🗀 < 3</u>	m, 🗀 3-3 m	, 🗀 3-13 m,	□ >13 III		
3 LOCATE WELL											
WITH AN "X" IN	4 DEPTH OF C	COMPLETED WEI	LL		129		ft.				
SECTION BOX:	Donth(a) Grounds	water Engagnetered	(1)		f+	(2)		ft (3)	ft.		
	Depth(s) Ground	water Encountered	(1)		11.	(2)		11. (3)			
N									r		
	Pum	p test data: Well	water was		ft.	. after	!	hours pumpi	ng gpm		
									ng gpm		
- NW	LOI. TILLED	gpin. wen	water was			. ailci					
w	₌ WELL WATER 1	TO BE USED AS:	Public wa	iter sup	ply ∟	☐ Geother	rmal	☐ Inject	ion well		
w	Domestic	Feedlot	ield water sur	ply		Dewate	ring	☐ Other	(Specify below)		
-sw-sF-		Industrial Dom									
3,44 3,5											
Was a chemical/bacteriological sample submitted to Department? Yes No											
s If yes, mo/day/yr sample was submitted May of 2011											
1 mile	Water Well Disin	fected? X Yes	□ No								
	l										
5 TYPE OF CASING U	SED: Steel	PVC \square	Other								
CASING JOINTS: Glu	ied 🗆 Clamp	ed 🗵 Welded	Thre	aded							
Casing diameter 12	2 in to 11.	4 ft Diameter		in, to		ft	Diameter		in, to ft.		
Casing diameter 12 Casing height above lan	d surface 1	18 in Weigi	ht 40.5	7	Ih	s/ft Wa	II thickness	or gauge N	0 .375		
TYPE OF SCREEN OR P	EDEODATION MA	TEDIAI		Ω		,5,,10, ,, 0	imiominos	, o. Bamba	··		
			ПО	h /C-	. a.if						
	Stainless Steel			ner (Sp	ecify)		· 				
☐ Brass ☐			en hole)								
SCREEN OR PERFORAT	ION OPENINGS A	ARE:	_				_	_			
☐ Continuous Slot	☐ Mill slot	☐ Gauze wrapped	d 🔲 Torch	cut		Drilled h	ioles 🗆	J None (ope	n hole)		
Continuous Slot Louvered shutter SCREEN-PERFORATED	Key punched		Saw cut			Other (sp	pecify)				
SCREEN-PERFORATED	INTERVALS:	From 114	ft, to	1	29	ft., Fro	om	ft. t	o ft.		
		From	ft. to			ft Fro	om	ft. t	o ft.		
GRAVEL PACK I	NITEDWAI C.	From 20	ft to	1	20	ft Fr		ft t	o ft.		
URAVELTACKI	VILKVALD.	From 20	ft. to			ft En	····	f	o		
		From				II., FI	JIII	IL. L	oft.		
6 GROUT MATERIAL	: X Neat cemer	nt Cement grout	□в	entonit	e [☐ Other					
Grout Intervals From	0 ft. to	20 ft. From		ft. to		ft.	From		ft. to ft.		
What is the nearest source	of nossible contami	notion:		10. 00							
	Lateral lin		☐ Lives	taalr na		□ Incoat	icide storag	_{то} По	ther (specify below)		
Septic tank							ioned water		ther (specify below)		
☐ Sewer lines	Cesspool	Sewage lago				_			_		
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well ☐ None ☐ Direction from well ☐ Distance from well								r			
Direction from well			Distar	ice from	n well _.						
FROM TO	LITHOL	LOGIC LOG	FRC	M	TO	LITHO	LOG (co	nt.) or PLUC	GING INTERVALS		
		LOGIC LOG	98		113				C. TO II TELL TILL		
	opsoil						one w/soi	ne ciay			
	rown Clay	÷ .	11		118	Fine sa	1110				
	an Clay		11		120	Clay		-41			
22 25 W	hite clay w/chalk	ζ	12		129	Coarse	sand				
	nd w/clay streak		12		131	White	rock w/ve	ellow clay			
	ind wichty streum and		13		136		rock/che				
		. YET	13	-	100	***************************************	. 5014 01101	-	1/41.197.41.9		
	eddish brown cla	ıy				+					
	oarse sand					ļ					
	indstone w/clay										
93 98 C	oarse sand										
7 CONTRACTOR'S		ER'S CERTIFIC	ATION: Th	is wate	r well	was cons	tructed, re	constructed.	or plugged		
									knowledge and belief.		
under my jurisdiction and was completed on (mo/day/year) Z/11/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mg/day/year) 5/18/11											
			This water W	en Rec	Join Ma	onipie	icu oii (III	year) -	3/10/11		
under the business name o			by (sig	mature) 4	Ouf!	MA	KA)	• • • • • • • • • • • • • • • • • • • •		
INSTRUCTIONS: Please fill	in blanks and check the	correct answers. Send t	hree copies (wh	ite, blue	e, piak) i	to Kansas	Department	of Health and	Environment, Bureau of		
INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pirk) 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											
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