| | | WA | TER WELL REC | ORD | Form WWC | -5 KS | A 82a-121 | 2 ID N | 0 | | | |
|---|----------------|---|----------------------------|--------------|--------------------------|--------------------|-----------------|---------------|---------------------------------------|---------------------------|---|--|
| | ON OF WAT | | Fraction | %** T | | | | n Number | Township No | | Range Number | |
| County: | OTTAWA | | NW 1/4 | | 14 NW | 1/4 | 1 | 6 | T 12 | S | R ZW E/W | |
| | | | vn or city street | | | | | ಆಗಾಶ | | | | |
| 2 WATER | METT OMV | IER: DON B | N 180th. F EESLEY | ID. AI | U FROMI. | מת מים | · PROI | STIN | | | | |
| RR#, St. Ad Citv. State. | ldress, Box # | : 851 C | OUNTY ROAL | -6023 | | | | | Application | Number: | Division of Water Resources | |
| 3 LOCATE | WELL'S LO | CATION WITH | 4 DEPTH OF | COMPLE | TED WELL . | 48 | - 1 | ft. ELEVA | TION: | | | |
| AN "X" IN | I SECTION E | BOX: | Depth(s) Grou | ndwater | Encountered | ماري مال | 24 | ft | . 2 | ft. 3 | 11-05-04 ft. pumping 15 gpm pumping gpm | |
| x | | 1 | WELL'S STATI | IC WATE | :R LEVEL data: Well w | vater was | .π. below 30 | land surfac | e measured on mo | o/day/yr hours : | pumping 15 gpm | |
| | NOA/ | \ <u></u> | Est. Yield | 35tö4(| gpm: Well w | ater was | | ft. 6 | after | hours | pumping gpm | |
| | -NW - | -NE | WELL WATER | TO BE | USED AS: | 5 Public | water sup | ply | 8 Air conditioning |) 11 i | Injection well | |
| w | i | !E | 1 Domestic 2 Irrigation | | Feedlot Industrial | | d water su | | 9 Dewatering 10 Monitoring well | | Other (Specify below) | |
| ** | ! | | Z milgation | 4 | maasman | , 50,110 | sio (iawii i | a garaon, | To Monitoring Wor | | | |
| | -sw - | - SE | Was a chamic | al/bactor | iological cam | nia eubmit | ted to De | nartment? \ | ves No X | · If yee | moldaylyre samola was sub- | |
| SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample water Well Disinfected? Yes A No | | | | | | | | | | | | |
| L_ | <u> </u> | | | | | | | | | | | |
| 5 TYPE C | OF BLANK C | ASING USED: | | 5 Wro | ought iron | 8 | Concrete | tile | CASING JO | INTS: Glu | edX Clamped | |
| 1 Stee | ł | 3 RMP (Si | | 6 Asb | estos-Cemer | _ | | ecify below | | Wel | lded | |
| _2 PVC | | 4 ABS | | 7 Fibe | erglass | ••• | | | | Thr | eaded | |
| Blank casir | ng diameter . | | in. to | <u>o</u> | ft., Di | a 160 | | in. to | ft., Di | a | in to ft. SDA 26 | |
| Casing neighbor | ght above lai | nd surface PERFORATION | AL MATERIAL . | in. | , weight | | | | lbs./ft. Wall thickne | ess or gua | ige No | |
| 1 Stee | | 3 Stainles | | 5 Fib | erglass | | 7 PVC 8 RMP | (SR) | | pestos-Cei per (Specif | ment 'y) | |
| 2 Bras | | 4 Galvaniz | | | ncrete tile | | 9 ABS | (011) | | | ppen hole) | |
| SCREEN C | OR PERFOR | ATION OPENII | NGS ARE: | | 5 0 | auazed wr | apped | | 8 Saw cut | | 11 None (open hole) | |
| 1 Con | tinuous slot | _3 N | fill slot .02 | 5_ | 6 V | Vire wrapp | | | 9 Drilled holes | | ,, , | |
| 2 Lou | vered shutter | 4 K | ey punched | | | orch cut | . 0 | | | | ft. | |
| SCREEN-F | PERFORATE | D INTERVALS | : From | 38 | ft. to | 4 | k8 | ft., From | | ft. t | toft. | |
| | SRAVEL PAG | CK INTERVALS | From | 30 | ft. to: | t | r 8 | ft., From | | ft. t | toft. | |
| ` | | JK IIVI ENVALG | From | | ft. to | | | ft., From | | ft. 1 | toft. | |
| | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| _ | T MATERIA | | it cement | | Cement grout | | | | | | | |
| Grout Inter | | | | | .π., From | •••••• | π. to . | | | | ft. toft. | |
| What is the nearest source of possible c 1 Septic tank 4 Latera | | | | | 7 Pit p | ris o c | | 11 Fuel: | tock pens | | Abandoned water well Oil well/Gas well | |
| 2 Sewer lines 5 Cess | | | | | | rivy age lagooi | n | | storage izer storage | | 16 Other (specify below) | |
| | | rlines 6 See | • | 9 Feedyar | | | | | | | D NONE APPARAT | |
| Direction fr | - | | rage p | | 0 . 00. | -yu.u | | How mai | • | | | |
| FROM | ТО | | LITHOLOG | IC LOG | | FF | ROM | то | | UGGING I | NTERVALS | |
| 0 | 1 | TOP SOII | L | | | | | | | | | |
| 1 | 23 | | OWN VERY S | SILT T | O LIGHT | GRAY | | | | | | |
| 23 | 48 | SAND FI | | | | | | | | | | |
| 48 | | SHALE G | RAY | | | | | | | | | |
| | | | | | | | | | RE | CEIV | ED | |
| | | | | | | | _ | | DEC | 0 3 7 | 2004 | |
| | | | | | | | | | | , v ə | 2004 | |
| | | | | | | | | | BURE/ | NU OF V | WATER | |
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| | | | | | | | | | | | | |
| 7 | | | | | | | | | | | \ | |
| 7 CONTR | RACTOR'S C | R LANDOWN | ER'S CERTIFIC | ATION: | This water we | ell was <u>(1)</u> | construct | ted, (2) rec | onstructed, or (3) | pluggedu | nder my jurisdiction and was | |
| completed on (mo/day/year) 11-05-04 and this record is the to the best of fly knowledge and belief. Kansas Water Well Contractor's Licence No 388 | | | | | | | | | | | | |
| under the t | Contractor's | ne of PESTI | NGER PUMP | SERV | This W ICE | rater Well | Hecord W | | ed on (mo/day/yr) (signature | | when - | |
| | | | | | | Please fill in h | planks under | | | ton three con | ies to Kansas Department of Health | |
| and Envir | onment, Bureau | of Water, Geology S each <u>constructed</u> we | ection, 1000 SW Jack | kson St., Si | uite 420, Topeka, | Kansas 6661 | 2-1367. Telep | hone 765-296- | 5522. Send one to WATI | ER WELL OW | /NER and retain one for your | |