| | | WA | TER WELL REC | ORD Forr | m WWC-5 | KSA 82a | -1212 ID I | No | | | |
|--|--|-------------------------|----------------------------|------------------------------|-----------------|--------------------------------|-----------------------|------------------------------|---------------------------------|-----------------------------------|---------------|
| 1 LOCAT | ION OF WA | TER WELL: | Fraction | | | Se | ection Number | Township | p Number | Range | Number |
| County: D | ickens | on | SW 14 | SW ¼ | SE ½ | 4 | 7 | T 13 | S | R 2 | E/W |
| Distance ar | nd direction | from nearest to | wn or city street a | ddress of wel | II if located v | within city? | | | | | |
| | | | Abilene, | Ks. | | | | | | | |
| 2 WATER | R WELL OW | | s Constru | | | | | | | | |
| RR#, St. Ad City, State, | ddress, Box ZIP Code | |) SW Drur eka, Ks | y Ln. 66604 | | | | | f Agriculture, [ion Number: | Division of Wate | er Resources |
| 3 LOCATE | WELL'S LO | CATION WITH | | OMPLETED \ | WELL | 92 | ft. ELEV | ATION: | | | |
| | SECTION N | | | | | | | ft. 2 ace measured on | | | |
| | | <u> </u> | Pun | np test data: | Well water | was | ft. | after | hours p | umping | gpm |
| | -NW | - NE | | | | | | after | hours p | | gpm |
| | 1 | 1 | WELL WATER 1 1 Domestic | 3 Feedlo | | 'ublic water Dil field wate | supply er supply | 8 Air condition 9 Dewatering | | njection well Other (Specify b | nelow) |
| w | | - | 2 Irrigation | 4 Indust | | | | 10 Monitoring | | ruction | |
| | ' | <u> </u> | | | | | | | | pply wel | |
| | SW SE Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs sample submitted to Department? | | | | | | | | | | |
| | | | mitted | g | | | | Vater Well Disinfo | | | No |
| 5 TYPE C | OF BLANK C | ASING USED: | | 5 Wrought in | ron | 8 Conc | rete tile | CASING | JOINTS: Glue | dX Clam | ned |
| 1 Stee | | 3 RMP (SI | R) | 6 Asbestos- | | | (specify below | | | ded | • |
| X PVC | _ | 4 ABS | , | 7 Fiberglass | | | | | | aded | |
| | | | in. to | | | | | | | | |
| | _ | | .24 | in., weigh | nt 1 .2 | | | lbs./ft. Wall thic | kness or guaç | ge No 49 .0 |) |
| | | RPERFORATIO | | - - - - - - - - - - | | X P | - | | Asbestos-Cen | | |
| 1 Stee 2 Bras | - | 3 Stainless 4 Galvaniz | | 5 Fiberglass 6 Concrete | | 9 AI | MP (SR) | | Other (Specify None used (or | /) nen hole) | |
| | | | | O CONCIETE | | | | | None useu (o) | • | |
| SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 1 Continuous slot 3 Mill slot 6 Wire wrapped | | | | | | | | 8 Saw cut 9 Drilled hol | 00 | 11 None (ope | en hole) |
| | tinuous slot vered shutter | | ey punched | | 7 Torch | • • | | | | | ft. |
| | | D INTERVALS: | , , | 32 | ft to | 92 | # Eron | n | | | |
| JONELIN-I | LNI ONAIL | D INTERVALS. | From | | ft. to | | ft Fron | n | ft. to | 1 | ft. |
| G | RAVEL PAG | CK INTERVALS | : From | 30 | ft. to | .92 | ft., Fron | n | ft. to | | ft. |
| | | | From | ••••• | ft. to | | ft., Fron | n | ft. to | | ft. |
| 6 GBOU | T MATERIA | I· 1 Nea | t cement | X Cement | t arout | 3 Ber | ntonite | 4 Other | | | |
| 6 GROUT MATERIAL: 1 Neat cement <u>X2 Cement grout</u> 3 Bentonite 4 Other | | | | | | | | | ft to | ft | |
| What is the nearest source of possible contamination: None within 1/4 mile 10 Livestock pens 14 Abandoned water well | | | | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 | | | | | | | | • | | | |
| 2 Sewer lines 5 Cess pool | | | | B Sewage I | | | | | Other (specify b | | |
| 3 Watertight sewer lines 6 Seepage pit | | | | 9 Feedyard | | | | Insecticide storage | | | • |
| Direction from well? How many feet? | | | | | | | | | | | |
| FROM | то | | LITHOLOGIC | LOG | | FROM | ТО | | PLUGGING IN | ITERVALS | |
| 0 | 3 | Topsoil | L | | | | | | | | |
| 3 | 9 | Clay, y | rellow | | | | | | | | |
| 9 | 16 | | ine to m | edium | | | | | | | |
| 16 | 31 | | green/so | | | | | | | | |
| 31 | 34 | Limesto | | | | <u> </u> | | | | | |
| 34 | 38 | Limesto | ne, fract | ured | | | | | | | |
| 38 | 62 | Shale, | gray | | | | | | | | |
| 62 | 76 | Shale, | red & gr | ay gyps | um | | | | | | |
| 76 | 87 | | ne, mica | | e lay | ers | | | | | |
| 87 | 92 | Shale, | gray/fra | ctured | | | ļ | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| ∠ CONTRA | ACTOR'S O | R LANDOWNE | R'S CERTIFICAT | ION: This wa | ater well wa | s (X <u>consti</u> | ructed, (2) red | constructed, or (3 | 3) plugged und | der my jurisdict | ion and was |
| completed o | n (mo/day/ye | ear) Q./l | 97.05 | | | | and this r | ecord is true to the | e best of mv kr | nowledge and b | elief. Kansas |
| | | | 138 | | | | | | m 91.22 | 1,43 | |
| under the bu | | 1000 | erson Irr | | | | | (signature) | 1/40 (| reller | |
| INSTRUCT | IONS: Use type | writer or ball point pe | n. <i>PLEASE PRESS FII</i> | <u>HMLY</u> and <u>PRINT</u> | clearly. Please | till in blanks, un | iderline or circle th | e correct answers. Ser | nd top three copies | to Kansas Departm | ent of Health |

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PHESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Healt 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 <u>constructed</u> well.