| | | | WAT | ER WELL RECORD | Form WWC- | 5 KSA 82 | a-1212 | | |
|--|--|------------------------|---------------------------------------|--|----------------|-----------------|--|----------------------|---|
| | | TER WELL: | Fraction | | Sec | ction Numbe | r Township Num | ber Ran | ge Number |
| | ELLIS | | INCI | 4 NW 1/4 NO | U_{4} | <u>35</u> | T /3 | S R | 8 EW) |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | |
| 200 Yards from the corner of 27th Canterbury (East) Hays Ks. | | | | | | | | | |
| | | VNER: HENR | | | • | • | | | |
| RR#, St. Address, Box # : 25/0 Majo QIE Board of Agriculture, Division of Water Resources | | | | | | | | | |
| | e, ZIP Code | | 13 | | | | Application N | umber: | |
| LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL | | | | | | | | | |
| - f | V 1 | N | Depth(s) Groun | dwater Encountered | 04 | 7 ft. | 2 | ft. 3 | ft. |
| t 1 | ^ ¦ | 1 : 1 ' | | C WATER LEVEL | | | | | |
| | NW | NE | | np test data: Well wat | | | | | |
| Est. Yield gpm: Well water was | | | | | | | | | |
| ≝ w ŀ | | _E | | | | | and | in. to | |
| ₹ | ! | !!! | WELL WATER | TO BE USED AS: | 5 Public water | r supply | 8 Air conditioning | 11 Injection v | vell |
| 1 | SW | se | Domestic | 3 Feedlot | 6 Oil field wa | ter supply | 9 Dewatering | 12 Other (Spe | ecify below) |
| 1 1 | Ï | i | 2 Irrigation | | | • | 10 Observation well | | |
| Į į | 1 | 1 | Was a chemical | /bacteriological sample | submitted to D | epartment? Y | /esNo | .; If yes, mo/day/yi | sample was sub- |
| <u> </u> | | \$ | mitted | | | W | ater Well Disinfected? | Yes N | ło |
| TYPE | OF BLANK (| CASING USED: | | 5 Wrought iron | 8 Concre | ete tile | CASING JOINT | 9. Glued | Clamped |
| 1 S | | 3 RMP (S | R) | 6 Asbestos-Cement | 9 Other | (specify belo | w) | Welded | |
| (2 P | _ | _4 ABS | | 7 Fiberglass | | | | | |
| Blank cas | ing diameter | | .in. to | ft., Dia | in. to | | ft., Dia | in. to | ft. |
| Casing height above land surface. 28in., weight | | | | | | | | | |
| | | R PERFORATIO | | | (7 PV | | 10 Asbest | _ | |
| 1 St | teel | 3 Stainless | s steel | 5 Fiberglass | | IP (SR) | 11 Other (| specify) | |
| 2 B | ass | 4 Galvaniz | | 6 Concrete tile | 9 AB | | | sed (open hole) | |
| SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) | | | | | | | | | (open hole) |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes | | | | | | | | | (0,000,000,000,000,000,000,000,000,000, |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| Fromft., From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| | | | From | ft. to | | | | | # |
| GROU | T MATERIAL | : Neat | | 2 Cement grout | 3 Bento | | | | |
| Grout Intervals: From | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| | eptic tank | • | | 7 Pit privy | | | | 15 Oil well/Gas | |
| • | | | | | 000 | | | | |
| 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit | | | | | | | ritilizer storage 16 Other (specify below) secticide storage | | |
| | from well? | - | age pit | 5 Feedyard | | | any feet? 150 | | |
| FROM | TO | 7004. | LITHOLOGIC | LOG | FROM | TO TO | | HOLOGIC LOG | |
| O | .5 | +00 S | | | 11.0 | | | HOLOGIO LOG | |
| | | 1000 | <u> </u> | | | | | | |
| 5 | 26 | BROWN | clau | | | | | | |
| | ~ L | BROWN | Ciay | | | | | | |
| 26 | 38 | finsto | mad Da | d & GREU | | | | | |
| ∞ | 20 | | med Po | -17 YEEU | | | | | |
| | | sand | | | | | | | |
| 38 | 5/ | V-1/- | 010 | | | | | | |
| 36 | 5/ | 42110W | Clay | | | | | | |
| <i>j1</i> | 53 | | · · · · · · · · · · · · · · · · · · · | **** · · · · · · · · · · · · · · · · · | _ | | | | |
| 51 | 5.5 | Shale | | | | | | | |
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| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was | | | | | | | | | |
| completed on (mo/day/year) | | | | | | | | | |
| | | 's License No | 27 | L This Water W | | | | | |
| | | | | WELLDeiling | | by (signa | | due | |
| INSTRU | CTIONS: Use t | ypewriter or ball poir | nt pen. PLEASE PRE | SS FIRMLY and PRINT cle | | blanks, underli | ne or cirdle the correct ans | | |
| 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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records. | | | | | | | | | |
| | | | TOTAL VIOLET FOR OVICE | | | | | | |