| | | RECORD | Form WWC-5 | 5 | | | r Resources; App. No. | | |
|--|--|---|---|------------|--|--------------|-------------------------|--------------------------|--|
| 1 LOCATION OF WATER WELL: | | | Fraction | | Section Number Township Number Range N | | | | |
| Count | y: E(| lis | 1/4 5E 1/4 5 | E 1/4 | 21 | 2 | T /3 S | R / 8 E/W | |
| | | ection from nearest town or ci | ty street address of we | ll if | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | | |
| locate | d within ci | 1410 w 44+h | | | Latitude: | | | | |
| 2 WAT | TED WEI | | <u> </u> | | Longitude: | | | | |
| 2 WATER WELL OWNER: Scott F RR#, St. Address, Box # : 1410 1. | | | au li | | Elevation: | | | | |
| | State, ZIP | 1 1117 6 | 0: 44th | | Datum: | 11 7 | | | |
| City, State, ZIP Code : Hous, Ks. (760) Data Collection Method 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL | | | | | | | | | |
| | | L'S 4 DEPTH OF COM | PLETED WELL | 7.4 | ••••• | ft. | | | |
| | ATION H AN "X" | Depth(s) Groundwater Encountered (1) 17 ft. (2) ft. (3) ft. | | | | | | | |
| | TION BOX | WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | |
| SEC | N | | Pump test data: Well water wasft. after | | | | | | |
| | Est. Yield. 12gpm: Well water wasft. after hours pumping | | | | | | | | |
| ' | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | |
| w | Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | |
| SW | SE - | - | | • • . | . | .0. ** | | 70 /1 / | |
| | | Was a chemical/bacter | riological sample subm | itted to | Departmen | nt? Yes. | ; | If yes, mo/day/yrs | |
| Sample was submitted | | | | | | | | | |
| S | | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped | | | | | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | | | | | |
| 2 PVC 4 ABS 7 Fiberglass Threaded | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 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 | | | | | | | | | |
| From. 5. 6 ft. to | | | | | | | | | |
| From | | | | | | | | | |
| 110111 | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | |
| Grout In | | From ft. to | | | . ft. to | f | t., From | ft. toft. | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| | | | | | | | | 16 Other (specify | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well | | | | | | | | / | |
| | | 1? E | | | | | gas well | | |
| FROM | TO | LITHOLOGIC | | FROM | | <u> </u> | PLUGGING IN | | |
| O | , | TOP Soil | 220 | 1101 | 10 | 1 | 12000HtGH | | |
| Ž | 39 | C/14 | | | | | | | |
| 79 | 55 | CHAY W SOME GA | WE STARLE | | | 1 | | | |
| 55 | 63 | SAND + CIHY | nen en | | | | | | |
| 43 | 67 | SAND | | | | | | | |
| 67 | 73 | CHY | | | | | | | |
| 73 | 76 | SHALE | | | | | | | |
| | ` | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 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) . 1/26./27 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | |
| under the business name of Flands STYLE WITTEN (signature) (signature) 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 copie | es to Kansas | Department of Health and Environment | ent, Bureau of Water, Geolo | gy Section | n, 1000 SW. | Jackson St., | Suite 420, Topeka, Kaps | as 66612-1367. Telephone | |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kapats 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. | | | | | | | | | |