| 1-1 | | | | R WELL RECORD | Form WWC-5 | | | | | | |
|--|--|---------------------------|------------------|-----------------------------------|--|---------------------|---|--|-----------------------|--|--|
| | ion of wa ELLIS | TER WELL: | Fraction 1/4 | 11W 4 SE | Sec | tion Number | Township Nu | | Range Number | | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | | | |
| 315 W 3rd St. Ehhis Ks. 67634 | | | | | | | | | | | |
| 2 WATER WELL OWNER: NORMAN Mohney | | | | | | | | | | | |
| RR#, St. | RR#, St. Address, Box # : 315 W 32d | | | | | | Board of Agriculture, Division of Water Resources | | | | |
| | City, State, ZIP Code : ELLIS Ks. 69637 | | | | | Application Number: | | | | | |
| 3 LOCAT | E WELL'S L | OCATION WITH | DEPTH OF C | OMPLETED WELL | | ft. ELEVAT | TON: | | | | |
| \ \ \ \ \ \ \ | IN SECTIO | N | Depth(s) Ground | water Encountered 1 | . , | ft. 2. جميم. | | ft. 3 | 7ft. | | |
| 1 | ŀ | ! V | | WATER LEVEL 3 | | | | | | | |
| | Pump test data: Well water was ft. after hours pumping a O | | | | | | | | | | |
| | Est. Yield . Q.O gpm: Well water was | | | | | | | | | | |
| * w | <u> </u> | | | • | | | | | | | |
| 2 | WELL WATER TO BE USED AS | | | | 5 Public water supply 8 Air cond 6 Oil field water supply 9 Dewater | | | oning 11 Injection well g 12 Other (Specify below) | | | |
| | SW | SE | 1 Domestic | | | | • | | | | |
| | ' 1 | l ! | 2 Irrigation | | | | Observation well | | 4 | | |
| <u> </u> | | | | acteriological sample s | upmitted to D | • | | | • • | | |
| 5 mitted Water Well Disinfected? Yes No 5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS Glued Clamped | | | | | | | | | | | |
| 1 5 | | 3 RMP (SR) | | 5 Wrought iron | | | | | Clamped | | |
| (28) | | 4 ABS | , | 6 Asbestos-Cement 7 Fiberglass | | (specify below) | • | | | | |
| | | | a to | • | | | | | | | |
| Blank casing diameter . 5 in. to | | | | | | | | | | | |
| | | R PERFORATION | | iii., weight | PV | | | stos-cement | | | |
| 1 St | | 3 Stainless | | 5 Fiberglass | | IP (SR) | | | | | |
| 2 Br | | 4 Galvanized | | 6 Concrete tile | 9 AB | | | used (open ho | | | |
| | | RATION OPENING | | | | _ | 8 Saw cut | , , | None (open hole) | | |
| SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes | | | | | | | | | tone (open now, | | |
| 2 I gravered shutter 4 Key purched 7 Torch cut 10 Other (specify) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 30 ft. to 50 ft., From ft. to ft. | | | | | | | | | | | |
| From | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 4. 0 ft. to 5 .0 ft., From ft. to ft. | | | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| 6 GROU | T MATERIAL | | | Cement group | | nite 4 C | Other | | | | |
| Grout Inte | rvals: Fro | m . 5 ft | i. to J.5 | ft., From | ft. | to | ft., From | ft. | to | | |
| What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned wa | | | | | | | | ned water well | | | |
| 1 Septic tank 4 Lateral lines | | | | 7 Pit privy | | 11 Fuel st | 11 Fuel storage 15 Oil well/Gas well | | | | |
| | ewer lines | 5 Cess p | | 8 Sewage lago | 12 Fertilizer storage 16 Other (specify below) | | | | | | |
| | | er lines 6 Seepag | ge pit | 9 Feedyard | 13 Insecticide storage | | | | | | |
| | from well? | EAST | | | T ==== | | y feet?_30 | | | | |
| FROM | то | | LITHOLOGIC | _OG | FROM | то | | ITHOLOGIC LO |)G | | |
| 0 | 24 | 1000 | <u> </u> | | | | | | | | |
| | 177 | 70ps | 0,1 | | | | | | | | |
| 24 | 34 | Sine of | REY .59 | nd mixed | | | | | | | |
| -27 | _ | 7102 91 | 200 - 34 | OF CPEW | | | | , | | | |
| | | claw | ayers | OF GRED | | | | | | | |
| | | Ciaq | | | | | | | | | |
| 36 | 47 | med to | FINE GA | ZEU Sand | | | | | | | |
| | 1 | 777 E CI (U | 3142 91 | E 34.14 | | | | | | | |
| 47 | 50 | Shole. | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | T | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (a constructed) (2) reconstructed, or (3) plugged under my jurisdiction and was | | | | | | | | | | | |
| completed on (mo/day/year) | | | | | | | | | | | |
| | | 's License No | ີ້. ື້. `` | This Water W | | | | 123/87 | 50 and John Nameda | | |
| | | me of LUSA | | | illinc | by (signatu | W (1 | XUE A. | | | |
| INSTRU | CTIONS: Use t | ypewriter or ball point p | oen. PLEASE PRES | S FIRMLY and PRINT clea | rly. Please fill in | blanks, underline | or chicle the correct as | nswers. Send top | hree 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. | | | | | | | | | | | |