GSI Job No. 027049  WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.												GSI-6	
4 11 00 4 71	ON OF WATE	DIMELL		ATER WELL RECO	RD Form W	,							
	ON OF WATE		Fraction			1	n Number		ship Number		nge Numb	er	
	S		NE				15	Т	<b>14</b> s	R	03	W	
Distance ar	nd direction fro 2137 W. Ole	om nearest t d Hwy 40	own or city stree	t address of well if	located within	city?							
	WELL OWN		KANEB	PIPELINE									
	ddress, Box#		3300 E. A	AVENUE G				Board :	of Agriculture, D	ivision of V	Vater Resi	nurces	
City. State.	ZIP Code	:	HUTCHI	NSON, KS 67	501				ation Number:	IVISION OF V	vater 1.050	Juices	
LOCATE	WELL'S LO	CATON WIT	TH ,										
AN "X" I	N SECTION B	BOX:	TIDEPTH C	F COMPLETED W	/ELL	20	ft. ELEV	ATION:					
. –	<u>N</u> _		Depth(s) Gro	undwater Encounte	ered 1	15	ft.	2	ft.	3		ft.	
↑     ×.			WELL'S STA	TIC WATER LEVE	L	ft. be	elow land su	ırface mea	sured on mo/da	ıv/vr			
	NW <b>-</b>	NE	Р	ump test data: W	ell water was		ft.	after	hours	pumpina		apm	
0	1	- i - I	Est. Yield	apm: W	ell water was		ft	after	hours	numpina		anm	
₩ W —		-	Bore Hole Di	ameter 8.5	in to	20		ft and		in to		ft	
			WELL WATE	R TO BE USED AS estic 3 Feed lot	S: 5 Public v	vater sup	ply	8 Air c	onditioning	11 Injection	on well	'	
ļ	sw	SE	1 Dome	estic 3 Feed lot	6 Oil field	water su	pply	9 Dew	atering	12 Other	(Specify b	elow)	
<b>↓</b>			2 Irrigat	tion 4 Industrial	7 Lawn a	nd garder	n (domestic	) 40 Ma	nitoring well		<b></b>		
<b>У</b>	S			2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well  Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was									
	<u> </u>		submitted						sinfected? Yes				
5 TYPE O	F BLANK CA	SING USED	r:	5 Wrought I	Iron 8	Concrete			IG JOINTS: GIL				
1_Ste	<u>e</u> el	3 RMI	P (SR)		-Cement 9					lded			
2 PV	$\sim$	4 450	. '	<b>-</b>							FLUS	Н	
Blank casin	diameter	2	in to	/ Fiberglass	•	in to		# Dia	4	eaueu		4	
Casing heig	abt above land	Leurface	~30	in weight	0.70	III. 10 <b>?</b>		_ IL., Dia _		_ III. lO _	SCH 40	٠ <sup>ال</sup>	
TYPE OF S	CREEN OR E	PERFORATI	ION MATERIAL:	in., weight	0.70.	7 0	ibs./π. \	waii tnickr	iess or gauge Ni 0 Asbestos-cen		3CH. 40	·	
1 Ste		3 Stai	nless steel	5 Fiberglass 6 Concrete	\$	8 R	MP (SR)	1					
2 Bra		4 Galv	anized steel	6 Concrete	tile	9 A	BS	1:	1 Other (specify None used (o	pen hole)	<b></b>		
SCREEN O	R PERFORA	TION OPEN	INGS ARE:	5	Gauzed wra	pped		8 Saw o	cut	11 Nor	e (open h	ole)	
			Mill slot	6	Wire wrappe	ed		9 Drilled	d holes				
	uvered shutter		Key punched		Torch cut			10 Other	(specify)				
SCREEN-P	ERFORATED	INTERVAL	S: From	<b>10</b> ft. t	to .	20	ft. Fr	om	ft	. to		ft.	
			From	ft. t	to .		ft. Fr	om	ft	. to		ft.	
GR.	AVEL PACK I	NTERVALS	: From	<b>9</b> ft. t	:0	20	ft. Fr	om	ft	. to		ft.	
				ft. t						. to			
6 GROUT	MATERIAL:	1 Nea	ıt cement	2 Cement grout	(	3 Bentor	nite 4				····		
 Grout Interv	als From	0.5	ft. to	ft. From		ft to		ft F		ft to		ft	
What is the	nearest source	e of possible	e contamination:			10. 10	10 Livesto	ock nene	14 A	handoned	water well	''.	
	ptic tank	•	4 Lateral lin		Pit privy				15 C				
2 Sei	wer lines		5 Cess pool		Sewage lagoo		12 Fertiliz	•		ther (spec			
3 Wa	itertight sewer	lines	-	6 Seepage pit 9 Feedyard 13 Insecticide storage						ny bolotty			
Direction fro	m well?			•	•		How many f	,					
FROM	ТО	CODE		IOLOGIC LOG	F	ROM	ТО		PLUGGING	INTERVAL	.S		
0	1.5	F	ill-Rock & C	lay									
4 =	-	l c	lay, high pl	asticity, silty,									
1.5	20	b	ecoming ve	ry silty & firm	ո @ 8'.								
····													
							-						
	1	-						<del></del>					
						<del></del>							
	<b> </b>	<del></del>					<del></del>						
					<del></del>								
				·						·			
7 CONTRA	ACTOR'S OR	LANDOWN	ER'S CERTIFIC	ATION: This water	well was (1) co	onstructed	(2) recons	tructed, or	(3) plugged und	er mv iuris	diction and	was	
	on (mo/day/yr)			-27-04					est of my knowle				
	Contractor's L			531				, ,	ompleted or	- ,	,		
	usiness name		EOTECHNIC	AL SERVICE		by (signa	atura\	Ui	Authleten of the	Z ay/yi)	<u>(</u> ~- <del>*</del> -1.	. <del></del>	
INSTR	UCTIONS: PI	ease fill in bla	nks and circle the	correct answers. Ser	nd three copies	to Kansas	Department	of Health a	nd Environment	Bureau of M	/ater_1000	sw	
Jackso	n St., Ste. 420,	Topeka, Kan	sas 66612-1367.	Telephone: 913-296	-5545. Send or	e to WAT	ER WELL O	WNER and	retain one for you	ır records.	,		