| WATE | R WELL RE | CORD | Form WWC | -5 | Division of W | ater Resources | s; App. No. | | |
|---|---|----------------------------|-----------------------|--------------|------------------------|----------------|---------------|---|--|
| Coun | ty: SALI | | Fraction NW/4 SW1/4 S | ω_{4} | Section Number | Townshi | p Number S | Range Number R 24 E/W | |
| Dista | nce and direction | n from nearest town or cit | y street address of w | ell if | lobal Positioni | ng Systems (| decimal deg | rees, min. of 4 digits) | |
| Distance and direction from nearest town or city street address of well if located within city? WHILE WOLTH OF INTELLICITED Attitude: Longitude: Longitude: | | | | | | | | | |
| 2 WATER WELL OWNER: EASOM DON'S | | | | | Longitude: Elevation: | | | | |
| RR# | , St. Address, Bo | ox# : 5707 P | ASEO BLM. | | Elevation: Datum: | | | | |
| City | State, ZIP Code | | Ty Mo. 64 | | Datum. Data Collectio | n Method: | · | | |
| 3 LOC | ATE WELL'S | 4 DEPTH OF COMP | PLETED WELL | 7 | L | ft. | | | |
| | ATION | | | - | | | | | |
| WIT | WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (3) ft. below land surface measured on mo/day/yr. 47-23-6 | | | | | | | | |
| SEC' | SECTION BOX: WELL'S STATIC WATER LEVEL | | | | | | | | |
| N Pump test data: Well water was 49 ft. after hours pumping 20. | | | | | | | | 2 . D gpm | |
| Est. Yieldgpm: Well water wasft. after hours pumpinggpm: Well water was | | | | | | | | | |
| w NV | 1 Demostic 2 Feetlet (OH Cell start 1 0 D 4 1 12 OH (C 10 1 1 | | | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | |
| SWSE Was a shaminal/hactorial gird sample submitted to Department? Ves X | | | | | | | | | |
| <u>^ </u> | Was a chemical/bacteriological sample submitted to Department? Yes | | | | | | | | |
| Sample was submitted | | | | | | | | | |
| 5 TVPI | E OF CASING I | USED: 5 Wrought I | ron & Con | rete tile | CASI | NG IOINTS | Glued | Clamped | |
| | | | Cement 9 Othe | r (specify) | below) | MO JOINTS | • | Clamped | |
| | PVC 4 AB | S 7 Fiberglass | | | | | Threaded | ••••• | |
| Blank casing diameter 5 in. to | | | | | | | | | |
| Casing height above land surface in., Weight | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 625 Guazed 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 ft. to ft., From ft. to ft. | | | | | | | | | |
| From | | | | | | | | | |
| From | | | | | | | | | |
| | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 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 Direction from well? 12 Fertilizer Storage 15 Oil well/gas well How many feet? PLN PASTILL NOWE APPAIRE | | | | | | | | | |
| | | | l | low many | feet? . OPLIL | DI 110 | CINIC INITI | CDVALC | |
| FROM | 2 TO | LITHOLOGIC 77 JOIL | LUU | FROM | TO | PLUG | GING INTI | ERVALS | |
| ž | 8 0 | LAY BROWN | | | | | | *************************************** | |
| 3 | | ANDSTONE BR | MUNITO TA | 2 | | | | | |
| 21 | | HALE GRAY | ,,,,, | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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) 2423 | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | |
| under the | business name | of PFSTINGEL | Pumt SERU | , ex by | (signature) | D. U/1 | | A | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS 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 Health 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 constructed well. Visit us at | | | | | | | | | |

http://www.kdhe.state.ks.us/geo/waterwells.