| | R WELI | | | | WWC-5 | | | er Resources; App. No. | | |
|---|--|-----------------|------------------------|----------------------------------|-------------------------------|----------------------|-------------------------|----------------------------|---|--|
| 1 LOC | ty: | F WAT | ER WELL: | Fraction VE 1/4 / | 111/2 35 | - 1/4 | Section Number | Township Number T 10 S | Range Number R YW E/W | |
| | | | | or city street add | ress of well | if G | Hobal Positioning | Systems (decimal deg | | |
| | | | | | | | · | , Systems (accumus acg. | - · · · · · · · · · · · · · · · · · · · | |
| | | 49 | 171 W. | WEST S. | LOPE | 万D | | | | |
| 2 WA | TER WEI | LL OWN | NER: JIM L | VEESE | | | | | | |
| RR# | , St. Addre | ess, Box | # :4971 | WEKSE W. WEST | SLO PK | ₹ ₽, | Datum: | | | |
| City, | , State, ZIF | Code | JALIA | NA, KG O | 67401 | , _ ; | Data Collection | Method: | | |
| 3 LOC | ATE WE | LL'S | 4 DEPTH OF C | COMPLETED W | ELL | 30 | ft. | | | |
| ! | ATION | | | - | | | 2 (2) | 2 (2) | | |
| | WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | | | |
| SEC | WITH AN "X" IN SECTION BOX: N Pump test data: Well water was. 2.7ft. after | | | | | | | | | |
| | Est. Yieldgpm: Well water was | | | | | | | | | |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | | ection well | |
| w NV | [NW NE] 1 D | | | | | | | | | |
| " | 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | |
| SW | SW SE W | | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes | | | | | | | | | |
| Sample was submitted | | | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued | | | | | | | | | | |
| | | ang us 3 RMP | (SR) 6 Ash | estos-Cement | 9 Other (s | te tile specify l | below) | Welded:W | e Clamped | |
| | | 4 ABS | 7 Fibe | | | specify (| | Threaded | | |
| 2 PVC 4 ABS 7 Fiberglass Threaded | | | | | | | | | | |
| Casing height above land surface. 29 in., Weight lbs./ft. Wall thickness or guage No. J.D.C.a. | | | | | | | | | | |
| 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 22.5 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 | | | | | | | | | | |
| | | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | | |
| Grout In | | | 1 ft. 1 | to ft., | From | f | t. to f | t., From | ft. toft. | |
| What is the nearest source of possible contamination: | | | | | | | | | | |
| | Septic tank | | | ines 7 Pit privy | | | | | 16 Other (specify | |
| | Sewer line | | 5 Cess poo | ol 8 Sewage la pit 9 Feedyard | | Fuel sto | | bandoned water well | below) | |
| | | | | | Ho | w many | feet? OPCN A | l well/gas well | APPAREUT | |
| FROM | TO | | | OGIC LOG | | FROM | TO | PLUGGING INT | | |
| | 2 | 10 | P SOIL | | | | - | | | |
| G | 8 | | ny GEAS | | | | | | | |
| | 12 | CL | AY GOLI | UEN | | | | | | |
| 12 | 30 | SA | NUSTONE | BEOWNT | OTAY | | | | | |
| 29 | 30 | 54 | ALC GE | AY | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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) and this record is true to the best of my knowledge and belief. | | | | | | | | | | |
| under m | y jurisdicti | on and v | vas completed or | n (mo/day/year) | 10-11-0 | and | this record is true | to the best of my know | yledge and belief. | |
| Kansas V | Water Wel | l Contra | cter's License No | o S. d. d Th | nis Water W | ell Reco | ord was completed | l on (mo/day/year) 🐣 | 6-11-08 | |
| under th | e business | name of | YESTIN | GER PUM | IP SER | e. by | (signature) | uel loss | | |
| INSTRUC | CTIONS: Us | se typewrit | ter or ball point pen. | PLEASE PRESS FIR | RMLY and PRI Vater Geology | NT clearly | y. Please fill in blank | s, underline or circle the | frect answers. Send top | |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suit 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.kdheks.gov/waterwell/index.html. | | | | | | | | | | |