| WATER WELL RECORD | Form W | WC-5 | | r Resources App. N | 0. | |
|--|--|---------------|---------------------------------|---------------------|---|--|
| 1 LOCATION OF WATER W County: McDher & | | 2 1/4 N e 1/4 | Section Number | Township No. T S | Range Number R / DE ZW | |
| Street/Rural Address of Well Location; if unknown, distance & direction | | | Głobal Positioning | | | |
| from nearest town or intersection: If at owner's address, check here | | | Latitude: (in decimal degrees) | | | |
| | | | Longitude: (in decimal degrees) | | | |
| | | | Elevation: | | | |
| 2 WATER WELL OWNER: | DI I R | 0:011 | Datum: WGS 84 | 4, ∐ NAD 83, ∐ | NAD 27 | |
| 2 WATER WELL OWNER: Poland Sammer field RR#, Street Address, Box #: 21/ Secton Line Rd City. State, ZIP Code: 21/ Secton Line Rd | | | Collection Method: | o/Modal: |) | |
| City, State, ZIP Code : 2// Section Line 1/2 | | | Digital Man/Ph | | c Map, Land Survey | |
| | Canton Ho 67 | 428 | Est. Accuracy: \square < | | | |
| | | | | | | |
| WITH AN "X" IN 4 DEI | TH OF COMPLETED WEL | L | , ft. | | | |
| SECTION BOX: Depth(| A DEPTH OF COMPLETED WELL Depth(s) Groundwater Encountered WELL'S STATIC WATER LEVEL ft. (2) ft. (3) ft. (3) ft. (2) ft. (3) | | | | | |
| | | | | | | |
| FST X | TOTAL STATE TO THE STATE OF THE | | | | | |
| | | | | | | |
| W E Bore Hole Diameter | | | | | | |
| Demostic Descript Doil field water supply Dewotering Dehar (Specify below) | | | | | | |
| SW SE Domestic Precubit On held water supply Dewatering Other (Specify below) | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | |
| 1 mile Water well disinfected? | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | |
| Casing diameter | | | | | | |
| Casing height above land surface in., Weight D.B. 26. lbs./ft., Wall thickness or gauge No. 2.4 | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | |
| Steel Stainless Steel PVC Other (Specify) | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | | | | |
| Continuous slot | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | | | | |
| SCREEN-PERFORATED INTERVALS: From, | | | | | | |
| From | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | |
| From | | | | | | |
| Grout Intervals: From | | | | | | |
| What is the nearest source of possible contamination: | | | | | | |
| Septic tank | | | | | | |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well | | | | | | |
| Watertight sewer lines | , | Fertilizer st | orage | | | |
| Direction from well\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\ | TILOT OCICI OC | · | from well . 5.0.4 | | JGGING INTERVALS | |
| | THOLOGIC LOG | FROM | TO LITHO. LO | OG (cont.) or PLC | JUGING INTERVALS | |
| 0 28 YEllou | ciaq | | | | *** | |
| 28 33 Fine C | and | | | | | |
| 8 5 33 1116 3 | 476 | | | | | |
| 23 70 C/ax | | | | | *************************************** | |
| 13 137 | | | | | | |
| 72 BB G-raye | 1 + Water | | | | | |
| | | | | | | |
| 88 90 Blue | chale | | | | | |
| | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ eonstructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) | | | | | | |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) | | | | | | |
| under the business name of | | | | | | |
| (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | |
| Telephone 785-296-5524. Send one co | opy to WATER WELL OWNER and | | | | | |
| http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212 | | | | | | |
| NOM 020-1212 | | | | | | |