| , | | | | | ELL RECORD | Form WWC- | | 2a-1212 | | | |
|---|-----------------------------|--|---|-------------|--|--------------------|--|-----------------------------|----------------------------------|--------------------------|-----------------------|
| | | TER WELL: | Fractio | | 1- 11. | Se Se | ction Numbe | 1 | p Number | Range Numb | |
| County: | 1 6 4 G | RSON | | W 1/4 N | | / ₄ | <i>Z</i> / | <u> </u> | 9 (s) | R 3 | ● W |
| | | | | | s of well if located | | 1 - | | <u></u> | | |
| | 2 EA | | | | W | | | | AN51 | 4.5 | |
| , | R WELL OW | NER: 5F | 71 N7 | م ما ه | oseph? | 5 Ç H | urc | h | | | |
| , | Address, Box | ·#: 29. | 5 50 | wth | ひりとろナル | wt | | Board | - | Division of Water Re | esource |
| | , ZIP Code | : [7] | | | KANS | | | | ation Number: | | |
| LOCATI | IN SECTION | OCATION WITH N BOX: | | | | | | | | | |
| to to | X - NW | 1 NE | WELL'S ST | Pump test | rER LEVEL &n f data: Well water gpm: Well water | was | below land s | urface measured after | d on mo/day/yr hours pu hours pu | 2-12-9 mping | ? / gpm gpm |
| ws | | E | l | | | | | | | to | π. |
| : 1 | - | | | | | 5 Public wat | | | - | Injection well | ~~\ |
| <u> </u> | - SW | SE | 1 Dom | | | | | | | Other (Specify belo | |
| 2 | ! | ! | 2 Irriga | | | | | | | | |
| a a | | | mitted | micai/bacte | riological sample s | ubmitted to L | • | YesNo. Vater Well Disinf | - | mo/day/yr sample v No | was sui |
| TYPE (| OF BLANK C | ASING USED: | | 5 V | Vrought iron | 8 Conc | rete tile | CASING | JOINTS: Glue | d Clamped . | |
| 1 Ste | el | 3 RMP (S | R) | 6 A | sbestos-Cement | 9 Other | (specify bel | ow) | Weld | ed | |
| 2 PV | | 4 ABS | | 7 F | iberglass | | | | Threa | aded | |
| Blank casi | ng diameter | 5 | .in. to \$ | 5.0 | . ft., Dia | in. to | | ft., Dia | | in. to | ft. |
| Casing he | ight above la | and surface | | in., | weight | | Ibs | s./ft. Wall thickne | ess or gauge N | 0 | |
| YPE OF | SCREEN O | R PERFORATIO | N MATERIA | L: | | 7 P | /C | 10 | Asbestos-ceme | ent | |
| 1 Ste | eel | 3 Stainles | s steel | 5 F | iberglass | 8 RI | 8 RMP (SR) | | 11 Other (specify) | | |
| | | | | | Concrete tile | 9 A | 3S | 12 | None used (or | en hole) | |
| SCREEN | OR PERFO | RATION OPENIN | IGS ARE: | | 5 Gauze | ed wrapped | | 8 Saw cut | | 11 None (open ho | ole) |
| 1 Co | ntinuous slo | t 3 M | fill slot | | 6 Wire v | vrapped | | 9 Drilled ho | les | | |
| 2 Lo | uvered shutt | er 4 K | ey punched | | 7 Torch | cut | | 10 Other (sp | ecify) | | |
| SCREEN- | PERFORATI | ED INTERVALS: | From | | ft. to | | ft., Fr | rom | ft. t | 0 | :ft |
| | DAVEL DA | OK INTERVALO | | | | | | | | o | |
| , | SHAVEL PA | CK INTERVALS: | | | | | | | | o | |
| CROUT | LAATEDIAL | .: 1 Neat | From | (2.00 | ft. to | 3 Bent | ft., Fr | | | | |
| Grout Inte | | | | | | | | | | ft. to | |
| | | purce of possible | | | n., From | 11. | | estock pens | | bandoned water we | |
| | ptic tank | | | OII. | 7 Pit privy | | | el storage | | il well/Gas well | J., |
| 1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool | | | | | 8 Sewage lago | von. | | | | ther (specify below) | n) |
| | | er lines 6 Seep | • | | 9 Feedvard | 7011 | | ecticide storage | 10 0 | the (openly colon) | |
| | rom well? | ei iiiles o seep | rage pit | | 9 reedyard | | | nany feet? | | | |
| FROM | TO . | | LITHOLO | OGIC LOG | | FROM | TO | larly leet: | PLUGGING I | NTERVALS | |
| 2'6" | 50 | CONCR | | | | 1 | | | | | |
| 31611 | 3'0" | CONCR | n+.a. | GRA | (' | | | | | | |
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| | | POTENCIAL AND ADDRESS OF THE PARTY OF THE PA | | | | | | | | | |
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| | | Plus | 1 | +2 5 | 14 YARD | 2 | C) C | 0 - + 0. | CP- | / . | |
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| | | | | | | | 1 | 1 | | | |
| | RACTOR'S | | R'S CERTIF | ICATION: | This water well wa | | | | (3) plugged und | der my jurisdiction a | |
| | | | | / | | | | | | | |
| | on (mo/day | | 8-7 | <i>(</i> | | | | | e best of my kn | owledge and belief. | . Kansa: |
| Vater We | I Contractor | 's License No | | | This Water W | | as complete | d on (mg/day/yr) | e best of my kn | - / | . Kansa |
| Vater Wel | l Contractor business na | 's License No me of FRAN | 0/5 | Me/ | This Water W | ell Record w | as completed by (sign | d on (mo/day/yr) | e best of my kn | gatt | |
| Vater Wel | l Contractor business na | s License No me of FRAU ypewriter or ball point | C/S | Me// | This Water W | ease fill in blank | as completed by (sign s, underline or ci | d on (mo/day/yr) | e best of my kn | opies to Kansas Departn | |