			WATER V	VELL RECORD Fo	rm WWC-5	5 KSA 82	2a-1212					
1 LOCATIO	N OF WAT	TER WELL:	Fraction		Sec	ction Number	er Township N	lumber	Ra	ange Num	ber	
County: Me			No 1/4		1/4	27	T 19	S	R	411	E/W	
l _			-	ess of well if located w	ithin city?							
13 Nile East of Conway Kansas 2 WATER WELL OWNER: Mid America Pipe Line Co. No. 2 Test. Nole												
				ine co.				. 2 Tes				
RR#, St. A	ddress, Bo	* # : Bex 1336 : McPherse	n Ka 6716		Board of Agriculture, Division of Water Resources Application Number: 37981							
					· ^							
3 LOCATE	WELL'S LI N SECTION			IPLETED WELL36								
	Depth(s) Groundwater Encountered 1WellIngtontt. 2											
<del> </del>	- ¦ - i	WELL'S STATIC WATER LEVEL										
-	- NW	Pump test data: Well water was ft. after hours pumping gpm Est. Yield None gpm: Well water was ft. after hours pumping gpm										
	Bore Hole Diameter. St in. to											
* w  -		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										
-	i		1 Domestic				9 Dewatering	^	•	pecify be	low)	
	- SW	SE	2 Irrigation	4 Industrial 7							(Now)	
X	. !	l lw	_	teriological sample sub								
i L			tted	toriological campio cas		•	Vater Well Disinfect	-	•	No X	, was sas	
5 TYPE O	F BLANK C	ASING USED:	· · · · · · · · · · · · · · · · · · ·	Wrought iron	8 Concr		CASING JO					
1 Ste		3 RMP (SR)		Asbestos-Cement								
2 PV		4 ABS	7				•				1	
2 PVC 4 ABS 7 Fiberglass												
Casing heig	ht above la	and surface	in.	, weight								
TYPE OF S	CREEN O	R PERFORATION M	MATERIAL: NA		7 PV	/C		bestos-ceme				
1 Ste		3 Stainless st	eel 5	Fiberglass	8 RM	MP (SR)	11 Ot	her (specify)	Tes	t Hele		
2 Bra	ss	4 Galvanized		Concrete tile	9 AE	s	12 No	ne used (op	en hole)	)		
SCREEN C	R PERFOR	RATION OPENINGS	ARE: NA	5 Gauzed	wrapped		8 Saw cut			ne (open	hole)	
1 Continuous slot 3 Mill slot 6 Wire wrap						9 Drilled holes for lost zone 10 Other (specify) . Test Hole only						
2 Lou	vered shutt	er 4 Key p		7 Torch cu								
SCREEN-P	ERFORATI	ED INTERVALS:		ft. to								
	DAWEL DA	OK 151750VALO		ft. to		-						
G	RAVEL PA	CK INTERVALS:		ft. to ft. to		•						
6 GROUT	MATERIAL	: 1 Neat cem	From	Cement grout	2 Bont	ft., F	4 Other Hele		o e forma	ted la		
<u> </u>				. ft., From								
		ource of possible cor					estock pens			ed water v		
l	tic tank	4 Lateral li		7 Pit privy			el storage		il well/G			
'	2 Sewer lines 5 Cess pool 8 Sewage lagoor				1	12 Fertilizer storage 16 Other (specify below)					w)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard						13 Ins	ecticide storage				· · · · · · · · · · · · · · · · · · ·	
Direction from	om well?		•	·		. How m	nany feet?				j	
FROM	TO		LITHOLOGIC LO	G	FROM	ТО		LITHOLOG	IC LOG			
	2	Seil Clay D	ense		273	318	Shale Gray	seme Ani	aydit	e		
2-	13	Clay Dark G	•		318	325	Shale Dark	Gray				
13	30	Clay Tan Ye			325		Lost Circ					
30	44	Tan Clay Se			325	331	Drilled m				in hele	
44	48	Clay silty		nei	331	343	Drilled fa					
48	55	Sand cleggy			343	346	Drilled me		chat	ter		
55	61			rs some rubble		349	Drilled fa					
61	72	Sand medium			349	357	Drilled me				ps	
72	73	Shale Green		+	357	360	Drilled me		_			
1 ' - 1		Shale Gray B			360	363	Drilled me		_	13		
93	123	Shale Gray	•		363_		TD for Te			-+1	mlata	
123 183	183 213	Shale Gray Shale Same	UD LELTK UT	<b>*</b> J			5/8 casing i					
213	243	Shale same				welded over casing; casing will be pulled & hole reamed for brine supply						
- 1		Shale Drille	d waw ala	w (new hi+)	1	pul.		Caricu. L	AT OL	THC 28	bbra	
					(Toonst		<del></del>	nlugged upo	ter my i	uriediction	and wee	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . To be reamed for large dia casing & well this record is true to the best of my knowledge and belief. Kansas												
Completed on (mo/day/year) . 19 De. Featlet 10F. Large, e. 4.4. Gasting . 4. wears this record is true to the best of my knowledge and belief. kansas   Water Well Contractor's License No												
under the business name of Resenceantz- Beris by (signature)												
INSTRUCT	IONS: Use	typewriter or ball poin	nt pen, PLEASE F	PRESS FIRMLY and F	PRINT clear	rly. Please fil	Il in blanks, underlin	e or circle the	e correct	t answers.	Send top	
three copie	s to Kansas	Department of Health	h and Environmen	t, Division of Environme	ent, Environ	mental Geo	logy Section, Topek	a, KS 66620.	Send or	ne to WAT	ER WELL	
I OWNER a	na retain or	ne for your records.					•					