| | | RECORD | Form WWC-5 Division of Water Resources; App. No. | | | | | | |
|--|--|---|--|---------------------|---------------|--|----------------------|-------------------|--|
| 1 LOCATION OF WATER WELL: County: DecAtur | | Fraction | W 1/4 | Section Number Town | | | | | |
| Dista | ance and dir | ection from nearest town or cit | ty street address of we | ell if | | sitioning | Systems (decimal deg | | |
| located within city? Latitude: | | | | | | | | | |
| 6 m. West & 9 ml Harth of Hornston Ks | | | | | | Longitude: | | | |
| 2 WATER WELL OWNER: Roger Wilson RR#, St. Address, Box #: | | | | | Elevation: | | | | |
| 100 | , St. Addres , State, ZIP | 10, DOX 11 . | | | Datum: | | | ······ | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 5. 3 | | | | | | Data Collection Method: | | | |
| 1 | CATE WEL | L'S 4 DEPTH OF COME | PLETED WELL |) | ••••• | tt. | | | |
| WITH AN "X" IN Depth(s) Groundwater Encountered (1) 23 ft. (2) ft. (3) ft. | | | | | | | | | |
| 1 | SECTION BOX: WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | | |
| N Pump test data: Well water wasft. after hours pumping | | | | | | | | gpm | |
| Est. Yield | | | | | | | | | |
| N | -NW -NE WELL WATER TO BE USED AS. 3 Fublic water supply 8 All collutioning 11 injection wen | | | | | | | | |
| W E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | |
| | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | | | | | | |
| Sample was submitted | | | | | | | | | |
| S | | | | | | | | | |
| | | NG USED: 5 Wrought 1 | | rete tile | | CASINO | JOINTS: Glued | Clamped | |
| | Steel : | 3 RMP (SR) 6 Asbestos- | Cement 9 Other | (specify | below) | | Welded | | |
| Blank c | asing diame | ter 4 in to 3 | ft Diameter | i | n to | ······································ | Diameter | n to ft | |
| 2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in. to 3.8 ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No. 24.42 | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| 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 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 | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. from ft. to ft. | | | | | | | | | |
| | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From | | | | | | | | | |
| | itervals: | source of possible contaminat | ion: | ••••• | ft. to | Ħ | ., From | ft. toft. | |
| | Septic tank | | | 0 Livesto | ock pens | 13 Ins | ecticide Storage | 16 Other (specify | |
| | Sewer lines | | | 1 Fuel st | - | | andoned water well | below) | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well | | | | | | | | | |
| | | ? | I | | *, | | | | |
| FROM | | LITHOLOGIC | LOG | FROM | OT | | PLUGGING INTI | RVALS | |
| B 42 | 38 | Jop Handelm | | | _ | | | | |
| 31 | 55 | SAND & GrANE | | | | | | | |
| 5 5 | | Shale | * * ****** <u>*</u> | 1 | | | · · · | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed. (2) reconstructed. or (3) plugged | | | | | | | | | |
| 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) 3 | | | | | | | | | |
| Kansas Water Well Contractor's License No. 3.9 This Water Well Record was completed on (mo/day/year) | | | | | | | | | |
| under th | ne business r | name of Solon 10 | 200 Cm | b' | y (signatus | K. 2 | DB Kallas | / | |
| | | e typewriter or ball point p.m. <u>PLEA</u> | | | | | | | |
| 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.kdheks.gov/waterwell/index.html. | | | | | | | | | |