	J 74	WA	TER WELL REC	ORD Form	n WWC-5	KSA	82a-1212 II	D No. ED-	511-C			
—		TER WELL:	Fraction			Se	ection Numb	er Tow	nship Num	ber	Range Nu	
	McPherson		SW 1/4	011	011	1/4	28	т	20	s	R 3	E (W)
Distance a	and direction	n from nearest to	own or city stree	address of we	ell if locat	ed within c	ity?					
		miles south of M										
2 WATER	WELL OW	NER: Equus Bed	ds GMD #2									
RR#, St. A	ddress, Bo	× # :313 Spruc	æ					Boa	rd of Agricu	Iture, Div	ision of Water	r Resources
			KS 67056-1925						ication Nun	nber:		
3 LOCATI	E WELL'S LO	OCATION WITH	4 DEPTH OF	COMPLETED	WELL	167	ft. ELE	VATION: un	known			
AN "X"	IN SECTION	N BOX:	Depth(s) Groun	ndwater Enco	untered 1			ft. 2		ft. 3		
I ⊼ r			WELL'S STATIC	WATER LEVE	EL 47	ft. be	low land surf	face measure	d on mo/da	y/yr 10-2	7-04	
T	1		Pun	np test data: W	Vell water	was not	checked f	t. after		hours pur	nping	gpm
-	- NW	NE	Est. Yield unk	nown gpm: W	/ell water	was	f	t. after		hours pur	nping	gpm
0	1		Bore Hole Diam	eter6	in. to	1	73 f	t., and		in	. to	ft.
				O BE USED AS:		Public water		8 Air cond			Injection well	
	i	i	·· ··· ·						ering 12 Other (specify below)			
	- SW -	SE	2 Irrigation					(10) Monitor		12	Cutor (opcomy	50.011)
♦ _×	-		-	4 Industrial				$\overline{}$,			
-	s	<u></u>	Was a chemical/t	oacteriological s	sample sub	mitted to D						,
5 TYPE C	SE DI ANIZ (CASING USED:	mitted		1	g Concre		ater Well Dis	ING JOINT	es C. Clued	Clamp	No V
1) Steel	OF BLANK			5 Wrought iron			(specify below		SING JOINT		Ciamp	
2 PVC		3 RMP (SR) 4 ABS		6 Asbestos-Ce	ment	_		•			ed	/
-				7 Fiberglass								
		r 2 (steel)		7ft., Di				154 ft.,			in. to	ft
		land surface		n., weight	3.65 (ste	el) .70 (l	PVC) II	bs./ft. Wall thi	ckness or g	auge No	.154 (steel) .	154 (PVC)
TYPE O	F SCREEN	OR PERFORAT	TION MATERIAL	:		7 PVC			10 Asbesto	s-cement		
1 Stee	el	3 Stainless s	steel	5 Fiberglass		8 RMP ((SR)		11 Other (s	pecify)		
2 Bras	SS	4 Galvanized	d steel	6 Concrete tile	е	9 ABS			12 None us	sed (open h	noie)	
SCREEN	OR PERF	DRATION OPEN	NINGS ARE:	5 G	auzed wrap	ped		8 Saw	cut	11 N	one (open hole)	j
1 Cor	ntinuous slot	3 h	Mill slot	6 W	ire wrappe	d		9 Drille	ed holes			
2 Lou	vered shutter	4 6	Key punched	7 To	orch cut			10 Othe	r (specify)			ft.
SCF	REEN-PERFOR	ATED INTERVALS:	From	154	ft. to	164	ft., Fr			ft. to		ft.
			From		ft. to	· · · · · · · · · · · · · · · · · · ·	ft., Fr			ft. to		ft.
	GRAVEL	PACK INTERVALS		149	ft. to	167	ft., Fr	om		π. το		H.
			From		ft. to		ft., Fr	om		ft. to		ft.
6 GRO	UT MATER	IAL: 1 Neat o	cement 2 Ceme		Bentonite			4 Other Be				
1		_										
ı	ervals: Fro		ft. to 143	ft., Fro	·m				rom 143		ft. to 167-	
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water w									ell:			
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage								15 Oil w	ell/Gas well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify								r (specify below)			
3 Wate	ertight sewer	lines 6	Seepage pit	9 F	eedyard		13 Insecticide	e storage	None kn	own		
Direction t	from well?						How ma	any feet?				
FROM	ТО	L	ITHOLOGIC LO	G		FROM	то	1	PLUGO	ING INT	ERVALS	
0	4	Topsoil			-		1	-				
4	8	Clay, dark brow	wn hard									
8	22	Clay, brown, h										
22	51	Clay, tan, soft										
51	64	<u> </u>	vel, medium to fir	10			-					-
64	74	Clay, tan, soft		IC			-					
74	152			ما المار ما المار ما								
152	154	Sand and gravel, medium to fine with clay streaks Clay, tannish red, hard with gravel streaks					-			RE	CEIVE)
154	165	Sand and gravel, medium to fine with clay streaks								Nav	0 1 2004	
165	167	Shale, weather					ļ				0 I 200	
167	173	Shale, black, h	nard							il i Brien	U OF WA	TER
										CINEM	O OI WA	, <u>_</u> , _
기 CONTRA	ACTOR'S OR	LANDOWNER'S C	CERTIFICATION: 1	his water well w	as (1) co	nstructed	(2) recons	structed, or	(3) plugged	under	my jurisdiction	and was
	on (mo/day			10-27-04	1.750	,					ledge and bel	
		's License No	185		Vater We	I Record w		ed on (mo/day		7	10-28-04	1
			ell & Equipment,					oy (signature)	10	110/	11.//	
			. PLEASE PRESS FIRM		rly. Please fil	l in blanks, und	erline or circle th	e correct answers	. Send top three	copies to Ka	nsas Department o	f Health and
			6620-0001. Telephone 7									