		WATER WELL RECORD	Form WWC-5	KSA 82		
LOCATION OF WATER		action	Sec	ction Number	1	Range Number
ounty: MPherson				29	<u>т 20</u> s	R#3 EW
		y street address of well if loc	•		Project No.	
		of 421 N. Maple,	McPherson,	KS		MW-7
WATER WELL OWNER						
R#, St. Address, Box #					•	e, Division of Water Resource
ity, State, ZIP Code			Application Number: 100 ft. ELEVATION: Aprox /500' MSL			
AN "X" IN SECTION BO	Depth(s	TH OF COMPLETED WELL s) Groundwater Encountered S STATIC WATER LEVEL	187	ft. :	2	3
NW	Est. Yield Est		vater wasNavater was to100 5 Public wate 6 Oil field wa 7 Lawn and g	A ft. a ft., er supply ter supply garden only	after hours after hours and	pumping gpr pumping
<u> </u>	mitted	memodi/bacteriological samp	ne submitted to b		ater Well Disinfected? Yes	No X
TYPE OF BLANK CASIN		5 Wrought iron	8 Concre			ied Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Ceme		(specify belo		elded
(2)PVC	4 ABS	7 Fiberglass				readedX
		78 ft., Dia				
		in., weight				
YPE OF SCREEN OR PE		_	⊘ PV		10 Asbestos-cei	
1 Steel	3 Stainless steel	5 Fiberglass		MP (SR)		fy)
2 Brass	4 Galvanized steel	_	9 AB			= :
CREEN OR PERFORATION				3	12 None used (8 Saw cut	•
1 Continuous slot	3)Mill slot		auzed wrapped			11 None (open hole)
	\sim		ire wrapped		9 Drilled holes	
2 Louvered shutter SCREEN-PERFORATED IN	4 Key punch	ned / 10 n78 ft. to	orch cut 98	a	10 Other (specify)	
GRAVEL PACK IN		n	100	ft., Fro	m	. toft . toft
GROUT MATERIAL:		n ft. to 2 Cement grout	_			to ft
		.70.5 ft., From	3)Bento	76 76	Other	
What is the nearest source	•					Abandoned water well
1 Septic tank		7 Pit privy			storage 15	
2 Sewer lines	5 Cess pool	8 Sewage	-		_	Other (specify below) UST
3 Watertight sewer lin	_	9 Feedyard	3		cticide storage	
Direction from well? NO	rtheast	OLOGIC LOG	FROM			INTERVALS
	k Brown Tops		- PHOM	то	1 LOGGING	INTERVALO
	k & Pale Red Bro					
		rown Lean to Fat Clay				
	Brown Lean to					
	e Gray Brown San					
	wn to Lt. Brown					
		ilt & Clay Seams		 		
03.0 100.0 Lt.	DIOWII SAILU W/S.	it a diay bealis		 		
	•			 		
				l		
				 		
						•
		RTIFICATION: This water well				
Vater Well Contractor's Lice	ense No416	This Wate	r Well Record wa	s completed	on (mo/day/yr) /. 3/.25/9	<i>4.</i> [.] []
inder the business name of	Terracon C	onsultants		by (signa	iture) h	Mush
INSTRUCTIONS: Use typewrite of Health and Environment, B	er or ball point pen. <u>PLEA:</u> ureau of Water, Topeka, K	SE PRESS FIRMLY and PRINT clearly (ansas 66620-0001, Telephone: 913-2	y. Please fill in blanks, 296-5545. Send one to	underline or circle WATER WELL O	e the correct answers. Send top innoverse with the correct answers. Send to the correct to the c	ee copies to Kansas Department ords.