| | | WATE | R WELL RECORD F | orm WWC-5 | KSA 82a- | 1212 | | | |
|--|--------------------------|-----------------------|----------------------------|----------------|------------------------|-----------------------------|------------------------------|---|--------------|
| LOCATION OF W | ATER WELL: | Fraction | | | tion Number | Township N | umber | | Number |
| ounty: Rice | | SE 1/2 | <u> </u> | 1/4 9 | | т 20 | S | R 8W | E/W_ |
| stance and direction | on from nearest town | or city street a | address of well if located | within city? | | | | | |
| mile south | of Lvons | | | | | | | | |
| WATER WELL O | WNER: American | Salt Co. | Monitor v | vell 84. | -95 | | | | |
| R#. St. Address. E | 30x # : Box 498 | | | | | Board of A | griculture, D | Division of Wa | ter Resourc |
| tv. State. ZIP Code | Lyons, K | 5. 67554 | | | | Application | • | | |
| | | | COMPLETED WELL. 75 | 5 | # ELEVAT | | | | |
| AN "X" IN SECTI | ON BOX: | epth(s) Ground | dwater Encountered 1. | .29 | ft. 2. | | ft. 3. | | |
| NW | I NF | Purr | p test data: Well water | was ND. | ft. aft | er | hours pur | mping 30 | gpr |
| 1 | 1 10 | | gpm: Well water | | | | | | |
| w | E BC | | eter | | | | | | . |
| · | ! W | | | 5 Public wate | | 3 Air conditioning | | Injection well | |
| sw | _ SE | 1 Domestic | | | | 9 Dewatering | | | |
| | 1 1 | 2 Irrigation | | - | | O Observation we | | | |
| | | as a chemical tted | /bacteriological sample su | ubmitted to Do | | sNo.X er Well Disinfecte | | | _ |
| TYPE OF BLANK | CASING USED: | | 5 Wrought iron | 8 Concre | | CASING JO | | | nped |
| 1 Steel | 3 RMP (SR) | | 6 Asbestos-Cement | | (specify below | | | ed | |
| 2 PVC | 4 ABS | 65 | 7 Fiberglass | | | | Threa | ded | |
| | | to , 68 | ft., Dia | in. to | | ft., Dia | i | n. to | f |
| | | | .in., weight | | | | | | |
| • • | OR PERFORATION N | | , worgine | 7 <u>PV</u> | | | estos-ceme | | |
| 1 Steel | 3 Stainless st | | 5 Fiberglass | - | IP (SR) | | | | |
| | | | • | 9 AB | | | er (specify) ne used (ope | | |
| 2 Brass | 4 Galvanized | | 6 Concrete tile | | 5 | | | | bala\ |
| | ORATION OPENINGS | | | d wrapped | | 8 Saw cut | | 11 None (or | pen noie) |
| 1 Continuous s | | | 6 Wire w | | 9 Drilled holes | | | | |
| 2 Louvered sh | • | | 7 Torch | | | 10 Other (specify | | | |
| CREEN-PERFORA | TED INTERVALS: | | ft. to | | | | | | |
| | | | ft. to | | | | | | |
| GRAVEL F | PACK INTERVALS: | From55 | ft. to | . 75 | ft., From | 1 | ft. to |) | |
| | | From | ft. to | | ft., From | 1 | ft. to | <u> </u> | f |
| GROUT MATERIA | AL: 1 Neat cen | nent | 2 Cement grout | 3 Bento | | Other | | | |
| | | | ft., From | | to | ft., From | . . | . ft. to | f |
| hat is the nearest | source of possible con | ntamination: | ND | | 10 Livesto | ock pens | 14 At | oandoned wa | ter well |
| 1 Septic tank | 4 Lateral I | ines | 7 Pit privy | | 11 Fuel storage | | 15 Oil well/Gas well | | |
| 2 Sewer lines | 5 Cess po | ol | 8 Sewage lagoon | | 12 Fertilizer storage | | 16 Other (specify below) | | |
| 3 Watertight sewer lines 6 Seepage pit | | | 9 Feedyard | | 13 Insecticide storage | | | | |
| irection from well? | wer mies o occpage | S pit | o i ocayara | | How man | | | | |
| FROM TO | | LITHOLOGIC | LOG | FROM | TO | y leet: | LITHOLOG | IC LOG | · |
| 0 29 | Clay, gray-t | | LOG | 111014 | <u>'</u> - | | LITTIOLOG | 10 200 | |
| 29 31 | Sand, fine, | | | | | | | | |
| ** | | | | | | | | | |
| 31 35 | Sand and gra | AGT | | | | | | | |
| 5 45 | Clay, gray | | | | | | | | |
| 45 74.5 | Sand and gra | vel | | | | | | | |
| v 74.5 78 | Shale, red | | | | | | | | |
| | | | | | | | | | |
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| | , | | | | 1L | | | | |
| CONTRACTOR'S | OR LANDOWNER'S | CERTIFICAT | ION: This water well wa | is (1)-constru | cted, (2) recor | nstructed, or (3) | olugged und | er my jurisdio | ction and wa |
| mpleted on (mo/da | ay/year)7/1 | /85 | | | | | | | |
| | or's License No | | This Water We | ell Record wa | is completed of | n (mo/day/yr) 7/ | 19/85 | | |
| | name of Hydrauli | | | J 1 100010 WC | by (signate | Z 1) \ | 7 . 1 | <u>, </u> | |
| STRUCTIONS: 11 | to typowriter or hall no | nt nen PIEA | SE PRESS FIRMLY and | PRINT clear | | | or circle the | correct answ | ers. Send to |
| ree copies to Kans | as Department of Healt | h and Environ | ment, Division of Environr | nent, Environ | mental Geolog | v Section. Topeka | KS 66620 | Send one to V | VATER WE |
| WNER and retain | one for your records. | | , | ., | | , , , , - p - 110 | | | |