| | WATER WELL RECO | ORD Form WWC-5 | KSA 82a-12 | 12 ID No. | | | |
|--|---|-----------------------------------|---|---------------------|---|--|-------------|
| 1 LOCATION OF WATE | R WELL: Fraction | | Sectio | n Number | Township Number | Range Number | |
| County: Stafford | NE 1/4 | SE ¼ NW ¼ | . 23 | 3 | т 21 s | R 13w E/V | w |
| Distance and direction fro | om nearest town or city street a | ddress of well if located v | ithin city? | | | - | |
| 1/2E, 2N, 3E Se | | | • | | | | |
| | R: Leo J. Hall | Ster1 | ing Dril | Lina Com | pany | Hall A 1-23 | |
| RR#, St. Address, Box # | 0 _ 40 | = : | Box 1000 | | - - | Division of Water Resource | rae |
| City, State, ZIP Code | Great Bend, Ks. | | , Ks. 67 | | | 20030275 | 003 |
| 3 LOCATE WELL'S LOCA | ATION WITH 4 DEPTH OF CO | OMPLETED WELL S | 4 | ft FI FVATI | ON unknown | | |
| AN "X" IN SECTION BO | | dwater Encountered 1 | 15 | # S | 2 ft. 3 | R # | F# |
| N N | | WATER LEVEL | ft. below | land surface | measured on mo/day/yr | 11/21/03 | |
| | Pun | np test data: Well water | was | ft. aft | er hours p | oumping g | gpm |
| NW | | | | | er hours p | | gpm |
| NW X | WELL WATER 1 | | ublic water sup il field water su | | • | njection well Other (Specify below) | |
| w ! | E 2 Irrigation | | | | Monitoring well | ` · · | |
| 1 | ! L L mgaao | i industrial i b | omoono (lami | a ga. 2011, | g | | |
| | - SE Was a châmical | /haatarialagiaal aammla a | ubmitted to De | nadmant? Va | a No ilfvoor | moldaylyra campla was s | -dus |
| | was a chemical | /bacteriological sample s | ubmitted to De | | s; l <u>f</u> .yes, r er Well Disinfected? Yes. | No | sub- |
| | , made | | | **** | or troil bloilliootog, spec | | |
| S | | | | | | | |
| 5 TYPE OF BLANK CA | | 5 Wrought iron | 8 Concrete | | | <u>ed_,</u> Clamped | |
| 1 Steel 2 PVC | 3 RMP (SR) 4 ABS | 6 Asbestos-Cement 7 Fiberglass | | ecify below) | | dedeaded | |
| Rlank cooing diameter | 5 : | 64 # Dia | *************************************** | in to | # Die | | |
| Casing beight shows loss | 5 in. toin. to | in weight 2.8 | } | | os /ft Wall thickness or gue | ge No. Sch. 40 | |
| | | III., weight | 7 PVC | | 10 Asbestos-Cer | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel | | 5 Fiberglass 8 RM | | | | | |
| 2 Brass | 4 Galvanized Steel | 6 Concrete tile | 9 ABS | ζγ | 12 None used (o | | |
| SCREEN OR PERFORA | TION OPENINGS ARE: | 5 Guaze | d wrapped | | 8 Saw cut | 11 None (open hole) | |
| 1 Continuous slot | 3 Mill slot | 6 Wire wrapped | | | 9 Drilled holes | | |
| 2 Louvered shutter | 4 Key punched | 7 Torch | cut | | 10 Other (specify) | | ft. |
| SCREEN-PERFORATED | INTERVALS: From | 54 ft. to \$4 | 1 | ft From | ft. to |) | ft. |
| | From | ft. to | | ft., From | ft. to | | ft. |
| GRAVEL PACK | (INTERVALS: From | 3.0ft. to8.4 | 4 | ft., From | ft. to | | ft. |
| | From | ft. to | | ft., From | ft. to | | π. |
| 6 GROUT MATERIAL: | 1 Neat cement | 2 Cement grout | 3 Benton | ite 4 | Other | | |
| | ft. to30. | • | | | | | |
| | ce of possible contamination: | | | 10 Livesto | | Abandoned water well | |
| l I | 4 Lateral lines | 7 Pit privy | | | orage 15 (| | |
| 2 Sewer lines 5 Cess pool | | 8 Sewage lagoon | | 12 Fertilize | | Other (specify below) | |
| | lines 6 Seepage pit | 9 Feedyard | | | 3 Insecticide storage | | |
| Direction from well? North How many feet? 80 | | | | | | | |
| FROM TO | LITHOLOGIC | LOG | FROM | то | PLUGGING IN | NTERVALS | \neg |
| 0 4 | top soil | | | | | | \neg |
| | | | | | | | $\neg \neg$ |
| | clay fine gand | | - | | | | \dashv |
| 15 27 | fine sand | | | | | | |
| 27 51 | clay | | | | | | |
| 51 84 | sand and gravel | | | | | | |
| | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | White and the | \dashv |
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| | | | | | | | |
| | LANDOWNER'S CERTIFICAT | | | | | | |
| completed on (mo/day/yea | ar) 11/21/03 | | | and this reco | ord is true to the best of my k | nowledge and belief. Kans | nsas |
| Water Well Contractor's Licence No | | | | | | | |
| under the business name | TICLLY D HACCE II | | | | gnature) Kathu | n K Stood | |
| INSTRUCTIONS: Use typewri | iter or ball point pen. <i>PLEASE PRESS Fl</i> | RMLY and PRINT clearly. Please | fill in blanks, underli | ne or circle the co | orrect answers. Send top three copie | s to Kansas Department of Health | th |
| II and Environment Bureau of V | | | | | | CO and asked (| , |
| records. Fee of \$5.00 for each | Nater, Geology Section, 1000 SW Jackso h constructed well. | n St., Suite 420, Topeka, Kansas | 66612-1367. Teleph | ione 785-296-552 | 2. Send one to WATER WELL OWN | IER and retain one for your | |