| | | WATI | ER WELL RE | CORD F | orm WWC-5 | KSA 82a | 1212 | | · | |
|---|---|-----------------|-------------------|----------------------------------|------------------|--|--|--------------------------|--|--|
| 1 LOCATION OF WATER | | Fraction | | | | ion Number | Township | | Range Number | |
| County: Staylord | | NE 1/4 | | | 1/4 | <u> </u> | ர வ | S | R /3 ₹/W | |
| Distance and direction from | | _ | | | Street addre | ess of well if | located within c | ity? | | |
| 2 WATER WELL OWNER | Slaw | son D | ulling | } | | | | | | |
| RR#, St. Address, Box # | Bor 1 | 409 | O | 1 | | | Board of | Agriculture, [| Division of Water Resource | |
| City, State, ZIP Code | : The | et Ben | di Kx | s. 47 | 530 | | Applicati | | T81-367 | |
| 3 DEPTH OF COMPLETE | D WELL | 90 ft. E | Bore Hole Dia | meter | . [] in. | to90 | the state of the s | | | |
| Well Water to be used as: | | 5 Public water | | | 8 Air condit | | | Injection well | | |
| 1 Domestic 3 Feedlo | ot G | Oil field wate | r supply | | 9 Dewaterin | ng | 12 | Other (Specify | y below) | |
| | | 7 Lawn and ga | | | 10 Observati | | | | | |
| Well's static water level | . 24 | ft. below lan | d surface mea | asured on . | | :mc | inth \dots \mathcal{G} | d | ay <i>წ. !</i> year | |
| Pump Test Data Est. Yield | | | | | | | hours pumping hours pumping | | gpm | |
| 4 TYPE OF BLANK CASH | | | 5 Wrought | | | | | | Clamped | |
| 1 Steel | | | 6 Asbestos | | | 9 Other (specify below) | | Welded | | |
| Ø PVC | | | | | | | | Threaded | | |
| Blank casing dia5 | | to70 | | | | | | | | |
| Casing height above land s | | | | | | | | | | |
| TYPE OF SCREEN OR PE | | | | | ⊘ PVC | | | sbestos-ceme | | |
| 1 Steel | | | | 5 Fiberglass 8 RM | | (SR) 11 O | | ther (specify) | | |
| 2 Brass | 4 Galvanized steel | | | | | | | 12 None used (open hole) | | |
| Screen or Perforation Open | ings Are: | | | 5 Gauze | d wrapped | | | • • | 11 None (open hole) | |
| 1 Continuous slot | 3 Mill | slot | | | | | 9 Drilled holes | | | |
| 2 Louvered shutter | 4 Ke | y punched _ | _ | 7 Torch cut | | | 10 Other (specify) | | | |
| Screen-Perforation Dia | . 5 i | n. to | 3 ft., D | ia | * in. to | o | ft., Dia . | | in to | |
| Screen-Perforated Intervals | | | | | | | | | | |
| Convert Do. 4. 4. 5 | | | | | | | | | | |
| Gravel Pack Intervals: | | /9 | | | | | | | | |
| - ODOUT MATERIAL | From | | | | | | | | | |
| GROUT MATERIAL: Grouted Intervals: From | | ement | | | | nite 4 | Other | | | |
| I . | | | · | -rom | . <i>.</i> | | | | | |
| 1 | at is the nearest source of possible contamination: 1 Septic tank 4 Cess pool | | | 7 Sewage lagoon | | | 10 Fuel storage 14 Abandoned water well 11 Fertilizer storage (15)Oil well/Gas well | | | |
| 2 Sewer lines | 5 Seepage pit | | | | | | • | _ | | |
| 3 Lateral lines | 6 Pit privy | | | 8 Feed yard 9 Livestock pens | | 12 Insecticide storage13 Watertight sewer lin | | | mer (specify below) | |
| Direction from well | LLL | Hou | ع در many feet | | Š | 2 Water | Well Disinfector | Yes HT | HNo | |
| Was a chemical/bacteriolog | ical sample s | ubmitted to De | nartment? Ve | | ~ | No. | VVeil Disillected | 1: 165.41.4 | : If yes, date sample | |
| was submitted | | | | | | | | | | |
| If Yes: Pump Manufacturer | | | | | | | | | | |
| Depth of Pump Intake | | | | | | | | | | |
| | | | | | 3 Jet | | | Reciprocating | | |
| 6 CONTRACTOR'S OR L | | | | | | | | | | |
| completed on L | D | o ozminom | month | 9 | oonon o | dov | & I | , plagged unit | ser my junisalication and wa | |
| and this record is true to th | e heet of my | knowledge and | | e Water W | loll Contractor | uay 'a License Me | 13.4 | | уеа | |
| This Water Well Record wa | | | | | | | | | | |
| name of Rosen C | | | | | ontili | | | 80 n | year under the busines | |
| 7 LOCATE WELL'S LOCA | | | | LITHOLOGI | | FROM | | | ITHOLOGIC LOG | |
| WITH AN "X" IN SECT | 111011 | | | 907 | 10 200 | - 11101 | . | | THOLOGIO LOG | |
| BOX: | | | Sane | | au | | | | | |
| N | U | | dane | | gravel | , | | | | |
| i !!! | | 70 | Jun | <u> </u> | your | | | | | |
| NW NE | | | | | | | | | | |
| w I X | E | | | | | | | † | | |
| ž W | · | | | | | | | | | |
| SW SE | | | | | | | | | | |
| | | | | | | | | | | |
| \$ | | | | | | | | | | |
| ELEVATION: | 1 | | | | | | | | | |
| | | 24 | 1 | | | | | L | | |
| Depth(s) Groundwater Enco | | | | | | | | | eet if needed) | |
| INSTRUCTIONS: Use types copies to Kansas Departmen | nt of Health an | id Environment. | Division of En | and <i>PRINT</i> vironment. \ | Vater Well Co | e iii in dianks | s, underline or cl eka, KS 66620 | Send one to W | or answers. Send top three VATER WELL OWNER and | |
| copies to Kansas Department retain one for your records. | nt of Health an | a Environment, | Division of En | vironment, \ | water Well Co | ntractors, Top | ека, KS 66620. | Send one to W | VATER WELL OWNER and | |