| | | | WATE | R WELL RECORD | Form WWC-5 | KSA 82a | -1212 | |
|--|-----------------------|--------------------------------------|---|----------------------------|----------------|---|--|--|
| 1 LOCATI | ON OF WA | TER WELL: | Fraction | | | tion Number | Township Number | Range Number |
| County: | ZTAFI | ord | NW 1/4 | NW 1/4 SE | 1/4 | 32_ | TZIS | R / S E/W |
| | ind direction 102 | from pearest to | <i>u</i> | ddress of well if located | within city? | • | | · |
| 2 WATER | R WELL OV | | sel Keen | LAT | | | | |
| RR#, St. Address, Box # : Box 233 Board of Agriculture, Division of Water Resources | | | | | | | | |
| City, State | , ZIP Code | SOUNE | ard, Ks | 67577 | | | Application Number | |
| J LOCATE | WELL'S L IN SECTIO | OCATION WITH | 4 DEPTH OF C | | | | | 3 |
| | , - KW | NE | Pump Est. Yield | o test data: Well water | was | ft. a | fter hours | pumping gpm pumping gpm in. to |
| - W | 1 | X | WELL WATER T | O BE USED AS: | 5 Public water | r supply | 8 Air conditioning 1 | 1 Injection well |
| 7 | ı | l i l | 1 Domestic | 3 Feedlot 6 | Oil field wa | ter supply | 9 Dewatering 13 | 1 Injection well 2 Other (Specify below) |
| - | - SW | - SE | 2 Irrigation | • | Lawn and g | arden only | 0 Observation well | |
| | · | | Was a chemical/l | bacteriological sample su | ubmitted to De | epartment? Ye | es; If ye | es, mo/day/yr sample was sub- |
| Y - | | 5 | mitted | | | Wa | ter Well Disinfected? (es | |
| 5 TYPE C | OF BLANK | CASING USED: | | 5 Wrought iron | 8 Concre | | | No led Clamped |
| 1 Ste | | 3 RMP (S | R) | 6 Asbestos-Cement | 9 Other | (specify below | v) We | Ided |
| PV | | _4 ABS | | 7 Fiberglass | | • | • | eaded |
| Blank casi | ng diameter | .5 | .in. to | ft., Dia | in. to | | ft., Dia | . in. to ft. |
| | _ | | ₹ ' | .in., weight | | | ft. Wall thickness or gauge | |
| • | • | R PERFORATIO | | | € PY | _ | 10 Asbestos-cer | - 1 |
| 1 Ste | el | 3 Stainles | s steel | 5 Fiberglass | 8 RM | IP (SR) | 11 Other (specif | y) |
| 2 Bra | ass | 4 Galvania | zed steel | 6 Concrete tile | 9 AB | S | 12 None used (| open hole) |
| SCREEN (| OR PERFO | RATION OPENIN | IGS ARE: | 5 Gauze | d wrapped | | 8 Saw cut | 11 None (open hole) |
| 1 Co | ntinuous sk | ot 3 M | fill slot | 6 Wire w | rapped | | 9 Drilled holes | |
| 2 Lo | uvered shut | ter 4 K | ey punched | 7 Torch | cut// | | 10 Other (specify) | |
| SCREEN-F | PERFORAT | ED INTERVALS: | From | ft. to | | ft., Fror | n ft. | . toft. |
| c | SRAVEL PA | .CK INTERVALS: | From /.3 | | | | | . to |
| · | ar 0 (v c 1 /) | | From | ft. to | | ft., Fror | | to ft. |
| 6 GROUT | MATERIA | : 1 Neat | cemen | 2 Cement grout | 3 Bento | | | |
| Grout Inter | | | | ft., From | ft. | | | ft. to |
| What is the | | ource of possible | • | | | | | Abandoned water well |
| 1 Se | ptic tank | 4 Lateral lines | | 7 Pit privy | | 11 Fuel storage 15 Oil well/Gas well | | Oil well/Gas well |
| | wer lines | 5 Cess | | | | | er storage 16 Other (specify below) | |
| 3 Watertight sewer lines 6 Seepage pit | | | | 9 Feedyard | | 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage | | |
| Direction f | | • | • | · | | How man | ny feet? | |
| FROM | то | | LITHOLOGIC | LOG | FROM | то | TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER | OGIC LOG |
| _0 | 3 | 10PS | ni l | | | | W 11 1 1 Miles | JGIC LOG |
| | | | | | | | | |
| 3 | 26 | Clay | | | | | | |
| 26 | 35 | SANd | | | | | | |
| 35 | 51 | CIAY | | | | ATT TO SHOW YOU AREA AREA AREA AREA AREA | | |
| 51 | 74 | GRAVE | 1 | | | | | |
| | - , | U | • | | | | | |
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| | | | | | | | | THE RESERVE OF THE PERSON OF T |
| | | | MATERIAL TO BE SEEN TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 10 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was | | | | | | | | |
| completed on (mo/day/year) | | | | | | | | |
| Water Wel | Contractor | 's License No. | | | | | on (mo/day/yr) 6.72.0 | |
| under the | business na | me of | SAIDTER | | | | | rubern |
| INSTRUC | TIONS: Use | typewriter or ball | point pen, PLEAS | E PRESS FIRMLY and | | ly. Please fill ir | n blanks, underline or, circle | correct answers. Send top |
| | | Department of H ne for your recor | | nent, Division of Environr | ment, Environ | mental Geolog | gy Section, Topeka, KS 6662 | 20. Send one to WATER WELL |