| Range Number | |
|---------------------------------------|----------|
| R 1 EW |) |
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| | |
| sion of Water Resources | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | 0 |
| 3ft. | 귀 |
| _{/Γ} 07/27/04 | FFICE |
| umpinggpm | |
| umpinggpm | USE ONL |
| . toft. | 2 |
| Injection well | マ |
| ? Other (Specify below) | |
| | |
| mo/day/yr sample was | |
| No X | |
| Clamped | |

SEC

| | WATER WELL RECO | ORD Form WWC-5 | KSA 82a-121 | 2 ID No | MW-8 | |
|---|---|------------------------------------|---------------------|-------------------------------------|-------------------|--------------------------------|
| 1 LOCATION OF WATER WELL: | | I . | ection Number | Township Num | | ange Number |
| County: Harvey | NE ¼ NE ¼ | SE 1/4 | 16 | T 22 | S R | 1 |
| Distance and direction from nearest to | | located within city? | | | | |
| 2 WATER WELL OWNER: Prime | | | | | | |
| RR#, St. Address, Box # : P.O. B | | | | Board of Agricult | ture Division of | Water Resources |
| _ | | | | . | | water Resources |
| City, State, ZIP Code : Branson State, ZIP Code : Branson State, ZIP Code : Branson State | 1 4 | | | | | |
| AN "X" IN SECTION BOX: | DEPTH OF COMPLETED V | VELL 2 | 5.0 ft. ELEVA | TION: | | |
| N N | Deptin(s) Groundwater Encount | elea i | 3.75 ft. 2 | ! | ft. 3 | ft. |
| ↑ | WELL'S STATIC WATER LEVE | EL 15.08 | ft. below land surf | ace measured on | mo/day/yr | 07/27/04 |
| NW NE | Pump test data: V | | | | | |
| | Est. Yield NA gpm: W | Vell water was | ft. a | fter | hours pumping | gpm gpm |
| N N N N N N N N N N N N N N N N N N N | Bore Hole Diameter 8.5 | _ in. to 2 | 5.0 ft. | and | in. to | ft. |
| | WELL WATER TO BE USED A 1 Domestic 3 Feed lot 2 Irrigation 4 Industrial | S: 5 Public water | supply | 8 Air conditionir | ng 11 Inject | tion well r (Specify helow) |
| \$W\$E | 2 Irrigation 4 Industria | I 7 Lawn and ga | rden (domestic) | Monitoring v | vell | (Opecity below) |
| | Was a chemical/bacteriological | sample submitted to | Department? Ye | s No | If yes, mo/da | y/yr sample was |
| S | submitted | | | Well Disinfected? | | |
| 5 TYPE OF BLANK CASING USED: | | Iron 8 Con | | | | Clamped |
| | ~ | s-Cement 9 Othe | | | | |
| 2 PVC 4 ABS | 7 Fiberglas | | | | | X |
| Blank casing diameter 2.375 | _ | | | | | |
| Casing height above land surface | | | | | | |
| ITYPE OF SCREEN OR PERFORATION | ON MATERIAL: | (7 | PVC | all triickriess or ya 10. Asbest | tos-cement | oncaulo 40 |
| 1 Steel 3 Stain | less steel 5 Fiberglas | ss 8 | RMP (SR) | 11 Other (| (specify) | |
| 2 Brass 4 Galva | anized steel 6 Concrete | tile 9 | ABS | 12 None u | used (open hole) |) |
| SCREEN OR PERFORATION OPENII | NGS ARE: | 5 Gauzed wrapped 6 Wire wrapped | 1 | 8 Saw cut | 11 No | one (open hole) |
| 1 Continuous slot | Mill slot | 6 Wire wrapped | - | 9 Drilled holes | | |
| 2 Louvered shutter 4 | | | | | | |
| SCREEN-PERFORATED INTERVALS | | | | | | |
| | From ft. | | | | | |
| GRAVEL PACK INTERVALS: | | | | | | |
| 01 | From ft. | to | ft. Fro | m | ft. to | ft. |
| 6 GROUT MATERIAL: 1 Neat | cement 2/Cement grout | 3.8 | entonite 4 | Other | | |
| Grout Intervals From 0.0 | | 1.5 ft. | | | | |
| What is the nearest source of possible | contamination: | Dit mais - | 10 Livestoc | k pens | 14 Abandone | d water well |
| 1 Septic tank 2 Sewer lines | 4 Lateral lines 7 5 Cess pool 8 | Pit privy Sewage lagoon | 12 Fuel stor | rage (tormer) | 15 Oil Well/ Ga | as well |
| 3 Watertight sewer lines | | Feedyard | | | 10 Other (spe | City Delow) |
| Direction from well? | North | reedyald | How many fee | _ | 140 | |
| FROM TO CODE | Holui | LIT | HOLOGIC LOG | 5L! | 170 | |
| | rown-red brown very silty | | | t-very moist, v | vet @ 18.75' | |
| 22.5 25.0 Re | ed brown-maroon very silt | y, sandy, clayey | gravel, iron o | oxide staining | , wet | |
| | . 1944.05 | | | | | |
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| | ****** | | | | | F0 25 12 12 |
| | Cluck | wall as maris 41 s | anneared be- | Don Toules 14 | DUE BOW | |
| | riusn-mount | well completion | approved by | DON Taylor, K | DUE, BOW. | $\frac{1}{2}$ |
| | | | | | / | //// / |
| 7 CONTRACTOR'S OR LANDOWNE | R'S CERTIFICATION: This water | r well was (1) donstri | cted, (2) reconstr | ucted, or (3) plugg | ed under mv ium | sdiction and was |
| completed on (mo/day/yr) | 07/27/04 | | | to the best of my | | |
| Water Well Contractor's License No. | 692 | | | rd was completed | | |
| under the business name of | Quad State Servi | ices, Inc. | by (s | signature) | / MUC | NV / |
| INSTRUCTIONS: Please fill in blank | ks and circle the correct answers. Se | end three copies to Kar | nsas Department of | Health and Environ | ment, Bureau of | Water, 1000 S W |
| udukaun at., ate. 420, Topeka, Kansa | as 66612-1367. Telephone: 913-296 | U-JU4U. Seria one to v | VALER WELL OW | AFLY WITH LEIGHT ONG | ior your records. | <u>'</u> |