| WATE | R WELL REC | CORD | | Form WWC | | | | | es; App. No. | | | |
|---|--|---|--------------------------------------|-------------------------|--------------------------|----------------------------|----------------|--------------|------------------|-------------|--------------------------|--|
| | ATION OF WA | | | Fraction NW4 NW1/4 | Jal | Section Nu | ımber | l | ip Number | _ | Number | |
| Coun | | | | ity street address of w | ell if | Clobal Posi | itioning | T Systems | (decimal degr | R min | of 4 digits) | |
| | ed within city? | i nom nea _l | est town or e | ny street address of w | | Latitude: | tioning. | Systems | (decimal degi | ccs, mm. | or + digita) | |
| 2 WATER WELL OWNER: Brian Symmers RR#, St. Address, Box # : 1301, Windower | | | | | | Longitude: | | | | | | |
| 2 WA | TER WELL OV | VNER: 🔑 | bhian, | Summers | | Elevation | : | | | | | |
| KK# | , St. Address, Bo , State, ZIP Code | X # : / ; | 301,W | indover | | Datum: | | | | | | |
| | | 1 | testor | n Ks | Ja | Data Coll | | Method: | | | | |
| | ATE WELL'S ATION | 4 DEPT | H OF COM | PLETED WELL | 8 | | ft. | | | | | |
| | H AN "X" IN | Denth(s) | Groundwater | r Encountered (1) | | ft (| 2) | | ft (3) | | ft | |
| | TION BOX: | WELL'S | Depth(s) Groundwater Encountered (1) | | | | | | | | | |
| | N | Pump test data: Well water wasft. after hours pumping | | | | | | | | | gpm | |
| X | Est. Yieldgpm: Well water wasft. after hours pumpingg | | | | | | | | | | | |
| | WELL WATER TO BE USED AS: 5 Public water supply NE - NE - Leg WELL WATER TO BE USED AS: 5 Public water supply Domestic 3 Feedlot 6 Oil field water supply Dewatering 11 Injection well Domestic 3 Feedlot 6 Oil field water supply Dewatering 12 Other (Specify be | | | | | | | | | | | |
| w | E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | | | |
| CA | | | | | | | | | | | | |
| 5 | / SE | Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | | | | | | | |
| Sample was submitted | | | | | | | | | | | | |
| | S | IGED | 5 XX 1 | T 0.0 | | | C. C. C. D. L. | 2 100 15 | - G1 1 V | - CI | • | |
| | E OF CASING U Steel 3 RM | J SED: P (SR) | 5 Wrought | | crete tile r (specify | | CASING | JOINT: | S: Glued. X | | nped | |
| _ | PVC 4 ABS | , , | 7 Fiberglas | | | | | | Threaded | | | |
| Blank ca | sing diameter | . 5 i | n. to | ft., Diameter | i | n. to | ft., | Diamete | r | in. to | ft. | |
| Blank casing diameter | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From \bigcirc ft. to \bigcirc ft., From | | | | | | | | | | | | |
| From | | | | | | | | | | | | |
| (CDO | IT MATERIAL | 1 No. | t | Compant amount 2 Da | mtomito | 1 Oth an | | | | | | |
| Grout In | UT MATERIAI tervals: Fro | | | Cement grout 3 Be | | | | | | | | |
| | the nearest sourc | | | | | 10. 00 | | , 1 10111 . | ••••• | 16. 60 | | |
| | Septic tank | 4 | Lateral lines | 7 Pit privy | 10 Livesto | ock pens | 13 Ins | ecticide s | storage | 16 Other | (specify | |
| | Sewer lines | | Cess pool | | 11 Fuel st | | | | water well | belov | * | |
| | Watertight sewer | | | | | er storage | | l well/gas | well . | | | |
| FROM | TO TO | | LITHOLOGIC | | FROM | | ·/·ວ···· | | GGING INTI | | | |
| | 2 7 | 5 p < | <u>~ } / </u> | | 110171 | 10 | | 1200 | | 7 1 11.// | | |
| 3 | al i | 1 / 1 | · · | | | | | | | | | |
| 00000 | 27 Y | Ned | Sand | | | | | | | | | |
| 37 | | 31u | . Shal | ٠ | | | | | | | | |
| 17 | 40 | -IM | ston | e. | | | | | | | | |
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| | | | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed) (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3 10 10 10 and this record is true to the best of my knowledge and belief. | | | | | | | | | | | | |
| under m | y jurisdiction and | i was comp | oleted on (mo | /day/year) J.I.V. | .V.J and | this record | is true t | to the bes | t of my know | ledge ar | ıd belief. N <i>G</i> | |
| | Water Well Conti e business name | | cense No U | L.U This Water | | cord was co / (signatur | | or (mo) | ی. (ray/year | 1041 | u:-j | |
| INSTRUC | CTIONS: Use typew | vriter or ball | point pen. PLE. | ASE PRESS FIRMLY and | PRINT clear | ly. Please fill | l in blanks | s, underline | or circle the co | rrect answ | ers. Send top | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRML</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at | | | | | | | | | | | | |
| 785-296-5 http://www | 522. Send one v.kdheks.gov/waterw | | | NER and retain one fo | л your re | corus. Fee | . 01 \$5.0 | oo ior ea | constructed | ı well. | Visit us at | |