| WA | TER | R WELL | REC | CORD | Form WWC- | 5 | Division of Water Resources; App. No. 24/05 | | | | |
|--|---|--|--------------------------------|--|---------------------------|------------|--|---------------------------------------|--|-------------------------|--|
| 1 | 1 LOCATION OF WATER WELL: | | | Fraction | | Section N | umber | Township Number | Range Number | | |
| | County: Pawnee | | | NC X W X X | | 9 | | T 23 S | R 16 XE/W | | |
| ı | | | | from nearest town or cit | y street address of we | ell if | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | | |
| | locate | d within c | ity? | | | | Latitude: | | | | |
| | 1/4 | North, | 1/8 | West of Zook | | | Longitude: | | | | |
| 2 | WAT | TER WÉI | LL OW | NER: C.R. & Shar | ci Bert | Elevation: | | | | | |
| | RR#, | St. Addre | ess, Box | ⁴ : P.O. Box 13 | | | Datum: | | | | |
| | City, | State, ZIP | Code | : Larned, Ks. | . 67550 | | Data Col | lection N | Method: | | |
| 3 | LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 65 | | | | | | | | 1201104. | | |
| ł | | ATION | | | | | | 201 | | | |
| 1 | | H AN "X" | , IN | Depth(s) Groundwater Encountered (1) | | | | | | | |
| ì | | TION BO | | WELL'S STATIC WATER LEVEL27ft. below land surface measured on mo/day/yr3-17-08 | | | | | | | |
| | | N | Pump test data: Well water was | | | | | | | | |
| | | Est. Yield. 700gpm: Well water was50ft. after4 hours pumping700gpn | | | | | | | | | |
| | WELL WATER TO BE USED AS: 5 Public yeater cumply 8 Air conditioning 11 Injection well | | | | | | | | | | |
| $ _{\mathbf{w}} $ | NW | NW NE WELL WATER TO BE USED AS: 3 Fublic water supply 6 Air conditioning 11 injection went 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 | | | | | | | | | | |
| | | | | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs | | | | | | | | | | |
| l | Sample was submitted | | | | | | | | | | |
| S | | | | | | | | | | | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: GluedX. Clamped | | | | | | | | | | | |
| | | | 3 RMI | | | | | | | Clamped | |
| | 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | | | | | | |
| Blank casing diameter | | | | | | | | | | | |
| Casing height above land surface36 | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From65 ft. to | | | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug | | | | | | | | | | | |
| | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| VVI | | ne nearest Septic tank | | 4 Lateral lines | | Λ I iveat | oals nana | 12 Inc | antinida Stamana | 16 Other (| |
| | | Septic tank Sewer lines | | | | 1 Fuel st | ock pens | | ecticide Storage andoned water well | 16 Other (specify | |
| | | | | lines 6 Seepage pit | | | iorage zer Storage | | l well/gas well . | below) none | |
| Dir | | | | | | | | | | ••••• | |
| | OM | TO | 1: | LITHOLOGIC | | FROM | | · · · · · · · · · · · · · · · · · · · | PLUGGING INTE | | |
| TIC | 0 | | C1 o | | LOG | TROW | 1 10 | | TLUGGING INTE | RVALS | |
| | 20 | 20 | Cla | y dv clav | | | | | | | |
| | | 30 | | , , | 1 | | | | | | |
| | 30 | 35 | | d & gravel small | <u></u> | | - | | | | |
| | 35 | 40 | | dy clay | 1 4 | | | | | | |
| | 40 | 60 | | d & gravel small | L to med | | | | | | |
| - | 60 | 65 | Cla | у | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | D 1 0 = 0 | 10.00 | | DATE: | | | | | | |
| 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)4-1-08 and this record is true to the best of my knowledge and belief. | | | | | | | | | | | |
| unc | er my | jurisdicti | on and | was completed on (mo/g | 1ay/year) | : and | this record | a is true t | o the best of my know | ledge and belief. | |
| Kai | isas V | vater Well | Contr | actor's License No13 | Pomis This Water | Well Re | cord was co | ompleted | on (mo/day/year)4 | -0-00 | |
| | | business | | | | b b | y (signatui | re) 🥏 | ora alex | | |
| thre | r KUC e conies | TIUNS: Us s to Kansas I | e typewi Denartm | riter or ball point pen. <u>PLEAS</u> | t. Bureau of Water Geolog | KINT clear | riy. Please fi 1000 SW Ia | ii in blanks ckson St | , underline or circle the con | rrect 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 | | | | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | | | |