| WATER WELL REC | CORD | Form WWC | -5 | Division of Wate | r Resources; App. No. | | |
|--|---|--|---|--|--|--|--|
| 1 LOCATION OF WA | TER WELL: | Fraction NW4 SW 1/4 C | JV 1/ | Section Number | Township Number T 23 S | Range Number R 5 FW | |
| | from nearest town or ci | tv street address of w | ell if (| | Systems (decimal degr | | |
| located within site? | | | | | | | |
|] [| 100 Airport Rd | , Hutzhinsor | 1 | Longitude: 97° 51′ 56.7" | | | |
| 2 WATER WELL OW RR#, St. Address, Bo | Elevation: 15 | 5.99 TOC, 1 | 516.17 PM | | | | |
| RR#, St. Address, Box | ×# :2800 4th | Ave ! | - | Datum: | | | |
| City, State, 217 Code Hutchinson 15 6750 Data Collection Method: Jegal Suncy | | | | | | | |
| 3 LOCATE WELL'S | 4 DEPTH OF COMI | PLETED WELL | • | ft. | MWG | • | |
| LOCATION WITH AN "X" IN | Donth(a) Groundwater | Engagetared (1) | | A (2) | • | _Φ | |
| SECTION BOX: | | | | | | | |
| N | Pump test data: Well water wasft. after hours pumping gpm | | | | | | |
| | Est. Yieldgpm: Well water wasft. after hours pumping gpm | | | | | | |
| NW NE | WELL WATER TO B | | | | | | |
| W | E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | |
| | 2 Irrigation 4 Ind | lustriai / Doinest | ic (iawii o | garden) 10 Mor | intoring wen | | |
| SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | | | | |
| Sample was submitted | | | | | | | |
| S | | | | | | | |
| 5 TYPE OF CASING U | SED: 5 Wrought | | | | G JOINTS: Glued | Clamped | |
| | | -Cement 9 Other | r (specify | below) | Welded | | |
| $\begin{array}{cccccccccccccccccccccccccccccccccccc$ | 7 Fiberglass | | | | Threaded | X | |
| PVC 4 ABS 7 Fiberglass Threaded. X Blank casing diameter in. to ft., Diameter in. to ft. | | | | | | | |
| Casing height above land surface | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | |
| 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 Guazed 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) | | | | | | | |
| From | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3)Bentonite 4 Other CEMENT. 0.7.1.5 | | | | | | | |
| Grout Intervals: From 1.5. ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify | | | | | | | |
| 2 Sewer lines | | ~ ~ ~ | II)Fuel ste | | andoned water well | below) | |
| 3 Watertight sewer | | 9 Feedyard | 12 Fertiliz | er Storage 15 Oi / feet? | l well/gas well | | |
| Direction from well? FROM TO | LITHOLOGIC | | FROM | | PLUGGING INTI | EDWAIS | |
| 1 Sau | ndu dan, soft | - LOG | TROM | 10 | TLUGGING INTI | ZKVALS | |
| 4 6 917 | r. venimois | + (wet?) | 1 | | ushmountwa | iver | |
| 4 6 9it 8 We 10 So | F, Silty Savy | AA | | | on D. Taurio | | |
| 10 50 | ind, fihe ara | ined, AA | | | J | | |
| 17 A/ | 4, TD " | | | | | | |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| | | | | | | | |
| 7 CONTRACTOR'S OF | R LANDOWNER'S CH | ERTIFICATION: T | his water | well was (1) constr | ucted, (2) reconstructe | ed, or (3) plugged | |
| 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) | | | | | | | |
| Kansas Water Well Contr | actor's License No7 | This Water | Well Rec | ord was completed | on (mo/day/year) | 1-18-706 | |
| under the business name of | of 1 Museum 1 Acs | aliates | by | (signature) \mathcal{N}_{\cdot} | a member n. | _ \ <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | |
| INSTRUCTIONS: Use typew three copies to Kansas Departm | riter or ball point pen. PLEA ent of Health and Environmen | ISE PKESS FIRMLY and I It, Bureau of Water. Geolo | rkini clear ogy Section | y. Please fill in blanks 1000 SW Jackson St., S | s, underline or circle the co Suite 420, Topeka. Kansas | 66612-1367. Telephone | |
| 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.kdhe.state.ks.us/geo/waterwells. | | | | | | | |