4717	Well :	# 2	WATER WEI	L RECORD	Form WWC-5	KSA 82	2a-1212				
1 LOCATIO			Fraction			tion Numbe		p Number	Ran	ge Numb	
County:	Harve		NE 1/4 ST		/ -	16	т 2	4 s	R	1	Æ ∕W
Distance and direction from nearest town or city street address of well if located within city?											
Approximately 3½ miles north of Sedgwick 2 WATER WELL OWNER: Public Wholesale Water Supply District #17											
RR#, St. Address, Box # : P.O. Box 426 Board of Agriculture, Division of Water Resources											
1	, ZIP Code		. BOX 426 ton, KS 671	14				ation Number:		_	35001003
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL 122 ft. ELEVATION: unknown											
AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1											
-	1		ELL'S STATIC WATE								
	1	x.									
-	Pump test data: Well water was notch.d. ft. after hours pumping gpm Est. Yield unknowngpm: Well water was ft. after hours pumping gpm										
ا <u>ن</u>	Bore Hole Diameter42in. to										ft.
N -	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								위		
i	- sw			3 Feedlot	6 Oil field wat		_			-	
	1		•	4 Industrial		-		well			
L	<u> </u>		is a chemical/bacterio	ological sample	submitted to De						
		mit					ater Well Disinf			lo	N
<u> </u>		CASING USED:		ought iron	8 Concre			JOINTS: Glued			1 7
1 Ste		3 RMP (SR)		bestos-Cement		(specify belo	•		ed dod		
2 PV	_	4 ABS 12 3/4 in.		erglass	3 // in to	122		Threa	dea - •		4
		and surface									
_	-	and surface R PERFORATION M		eignt .	تاند. 7 PV(ess or gauge inc Asbestos-ceme)	
1 Ste		3 Stainless ste		erglass		P (SR)		Other (specify)			1.
2 Bra		4 Galvanized	 .	ncrete tile	9 ABS	• •		None used (ope			```` ¬
i	-	RATION OPENINGS			zed wrapped	,	8 Saw cut	140110 4042 (25	11 None	(open ho	nle)
	ntinuous slo				wrapped		9 Drilled ho	les		(000	,,,,
	uvered shutt			7 Torcl	• •			ecify)			
			From 7.7.			ft., Fro					
			From								#
G	RAVEL PA		From 6.0								
			From	ft. to		ft., Fro	om	ft. to			ft.
6 GROUT	MATERIAL	1 Neat cem	ent 2 Cen	nent grout	3 Bento	nite_ 4	4 Other 50%	bentonite	holep.	Lug &	50%.
Grout Inter	vals: From	acted 1 Neat cem n05 ft.	to $5 = .2\overline{6f}$	t., From 2	oad sand 6-43 11. 1	ю50. - .	nice noie	Brag	. ft. to .2	43 - 5	0ft.
		ource of possible con					estock pens	14 At	andoned	water we	
1 Se	ptic tank	4 Lateral li		7 Pit privy			l storage		l well/Gas		
l .	2 Sewer lines 5 Cess pool			8 Sewage lagoon			tilizer storage		her (speci) E
ŀ	-	er lines 6 Seepage	pit	9 Feedyard			ecticide storage	None	knowi	1	
Direction fr			T1201 0010 1 00		T FDOM		any feet?	PLUGGING IN	TEDVAL		——
FROM 0	то 2	Topsoil	LITHOLOGIC LOG	· · · · · · · · · · · · · · · · · · ·	FROM 105	107	Clay	PLUGGING IN	MEHVAL	<u> </u>	SEC
2	8	Clay, gray	to black		107	107		gravel, i	=1=0		
8	17	Clay, gray	LO DIACK		107	119		gravel, i			-
17	28	Clay, gray,	aticky		109	119	streak 1		LIHE	шау	
28	44	Sand, fine	Sticky		119	123	Clay	09			
44	54	Clay, brown				123	Olay				
54	60	Clay and sar	nd								
60	68		avel, fine, 1	nedium							
68	80	Clay, brown									
80	83		avel with cla	ау							
83	87	Sand, fine									
87	96	Sand and gra	avel, fine, 1	nedium							
96	97	C1ay									
97	99	Sand and gra	avel with cla	ay							
99	105	Sand and gra	avel, fine, 1	nedium							
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) 9-8-99 and this record is true to the best of my knowledge and belief. Kansas											
Water Well Contractor's License No											
under the b	business na	me of Clarke	Well & Equi	oment, Inc	c	by (sign	ature) Elic	we W	Mr.	1_	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.											
of Health	and Environm	ent, Bureau of Water, Tope	eka, Kansas 66620-0001.	elepnone: 913-296-	5545. Send one to \	WAIER WELL (OVVINER and retain o	one for your records.			
											•