| WATE | R WELL | RECORD | Form WWC-5 Division of Water Resources; App. No. | | | | | | |
|--|--|---|--|-------------------------|------------|--|-------------------------|---------------------------|--|
| 1 LOC | | F WATER WELL: | Fraction | | Section No | umber | Township Number | Range Number | |
| Count | ty: H | rvey | Sw4 Nw45 | E 1/4 | | | T & 4 S | R 2 EW | |
| | Distance and direction from nearest town or city street address of wel | | | | | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | |
| located within city? 1417 Red Bud I'n Halstead | | | | | Latitude: | | | | |
| | | | | | Longitude: | | | | |
| 2 WATER WELL OWNER: Paul Haury RR#, St. Address, Box # : 1417 Rep Bush | | | | | Elevation: | | | | |
| | City Costs 7ID Costs | | | | Datum: | | | | |
| Marshead, R. S. B. Data Confection Method. | | | | | | | | | |
| | ATE WEI ATION | | | | | | | | |
| WIT | H AN "X" | | | | | | | | |
| SEC | TION BOX | WELL'S STATIC WATER LEVEL | | | | | | | |
| | N | Pump test data: Well water was | | | | | | | |
| | Est. Yieldgpm: Well water wasft. after hours pumpinggpm | | | | | | | | |
| NW | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | | |
| w | W E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | |
| 2 Irrigation 4 Industrial Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | |
| sw | SW X-SE W | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted | | | | | | | | |
| | C | - Sample was submitted. | | . water | well disil | necteu? | No | •••• | |
| S | | | | | | | | | |
| I | | ING USED: 5 Wrought I | | | | | G JOINTS: Glued | | |
| _ | | 3 RMP (SR) 6 Asbestos- | | | below) | | | | |
| | | 4 ABS 7 Fiberglass | | | | | Threaded | | |
| Blank casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| ı | | | | 0 1 | DC . | | 11 Other (Specify) | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 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 Saw cut 10 Other (specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From. 2.2. ft. to | | | | | | | | | |
| | | From. | ft. to | 100 | ft., | From | ft. to | ft. | |
| | | | | | | | | | |
| 1 | UT MATI | | | | | | | | |
| Grout In | | From | | ? | п. то |) 1 | t., From | п. топ. | |
| 1 | tne nearest Septic tank | source of possible contaminated 4 Lateral lines | | O I ivrosto | als none | 12 In | secticide storage | 16 Other (specify | |
| | Septic tank Sewer line | | 1 · | 0 Livesto 1 Fuel sto | | | bandoned water well | below) | |
| | | sewer lines 6 Seepage pit | ~ ~ | | er storage | | 1 11/ 11 | | |
| | | 1? . E | F L | Low many | v feet? | 45 | gas wen | | |
| FROM | TO | LITHOLOGIC | | FROM | | | PLUGGING INT | | |
| 0 | 19 | Br Clas | 200 | 84 | | Rh | Clay | · | |
| 19 | 27 | DK Gr Clay | | 89 | 97 | | n Sand | | |
| 77 | 38 | F-C Sand - DK 6 | • _ | 87 | 100 | | Clay | | |
| 38 | 43 | Gr Clav | 7-7 | 0 / | 700 | - Dr | Ciay | | |
| 43 | 50 | F Sund + Si'ly B | - (/ | | - | | | , | |
| 50 | 61 | | er city | | | | - | | |
| 61 | 65 | | Layers Sand | , | | | | 4 | |
| 65 | 70 | F- M Sand -Tay | - 701) 000 | | | | | | |
| 70 | 82 | Br Class | 7 | | | - | | | |
| 82 | 84 | C Sund-tan | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Oconstructed, (2) reconstructed, or (3) plugged | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year)52228 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | |
| under the business name of Miller Drilling by (signature) by uselles | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS-FIRMLY</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 | | I one to WATER WELL OWN waterwell/index.html. | EK and retain one fo | r your re | coras. Fe | e or \$5 | .uu for each constructe | <u>d</u> well. Visit us a | |
| | | | | | | | | | |