| | | | WATE | R WELL RECORD | Form WWC-5 | KSA 82a | :1212 | |
|-------------------------|--|---|---|--|--|-------------------------------------|---------------------------------------|--------------------------------------|
| | ON OF WA | | Fraction | | | ion Number | Township Number | Range Number |
| | PAMI | | | SE WNI | W 1/4 | 7 | T 24 s | R 40 E |
| _ | | | ^ · | address of well if locate | | | | |
| | | | | Jantz Pr | operty and | 24'4 | of wedge of a | Mey MW-) |
| 2 WATE | R WELL OW | INER: Gary | Rach-Ra | sh 011#4 | ' / | • | | / |
| RR#, St. | Address, Bo | ×# : Hwy's | O I Durf | ee | | | Board of Agriculture, | Division of Water Resources |
| City, State | , ZIP Code | Syra | cuse, KS | 67878 | | | Application Number: | |
| LOCAT | E WELL'S L | OCATION WITH | 4 DEPTH OF | COMPLETED WELL. | 25 | . ft. ELEVA | TION: | |
| → AN "X" | IN SECTIO | N BOX: | | | | | ft. | |
| T | ı | | WELL'S STATIC | WATER LEVEL 18 | 46 ft be | low land sud | face measured on mo/day/y | 3/27/95 |
| I I | 1 | I. | | | | | | |
| - | Pump test data: Well water was ft. after hours pumping Est. Yield gpm: Well water was ft. after hours pumping | | | | | | | |
| ' | ^ <u> </u> | | Bore Hole Diam | eter 8 in to | 25 tt | | , and | |
| ₹ ₩ F | 1 | E | | TO BE USED AS: | 5 Public water | | | Injection well |
| - | İ | i | 1 Domestic | | 6 Oil field wat | | _ | Other (Specify below) |
| - | SW | SE | 2 Irrigation | 4 Industrial | | | Monitoring well | • • • |
| 1 1 | ! | ! | 1 - | | _ | • | | s, mo/day/yr sample was sub- |
| į L | | | mitted | bacteriological sample | Submitted to De | | er Well Disinfected? Yes | s, morday/yr sample was sub- |
| TVDE / | DE BLANK (| CASING USED: | Timada | 5 Wrought iron | 8 Concre | | | ed Clamped |
| <u>)</u> | | 3 RMP (S | :D) | 6 Asbestos-Cement | | specify below | | ded |
| (2)P\ | | 4 ABS | in) | | | | | |
| _ | | ? ``` | in in 15 | 7 Fiberglass | | | <u></u> | eaded. |
| | • | | . 0 | • | | | • | in to ft. |
| | | R PERFORATIO | | .in., weight | | | | No |
| | | | | e en | (7)PV | | 10 Asbestos-cem | |
| 1 St 2 Br | | 3 Stainles | | 5 Fiberglass | | P (SR) | , , <i>,</i> | ') |
| | | 4 Galvani: RATION OPENIN | | 6 Concrete tile | 9 ABS | • | 12 None used (o | • |
| | - | _ | Mill slot | | zed wrapped | | 8 Saw cut | 11 None (open hole) |
| | ontinuous sid | | | | wrapped | | 9 Drilled holes | |
| | ouvered shut | | (ey punched | 7 Torc | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| SCHEEN- | PERFURAT | ED INTERVALS: | | | | | | toft. |
| | 00AVEL 0A | CK INTERVALO | | | | | | toft. |
| , | GHAVEL PA | CK INTERVALS | | | ·&J | | | toft. |
| 0.000 | - 144TED:4: | 4 61 | From | ft. to | <u> </u> | ft., Fron | | ***** |
| ٠٠٠٠٠ ليت | T MATERIAL | | | 2 Cement grout | (3) Bentor | | | |
| Grout Inte | | | | ft., From . ! - | (νπ. τ | | | ft. to |
| | | ource of possible | | | | 10 Livest | | Abandoned water well |
| 1 Septic tank 4 Lateral | | | | 7 Pit privy | | 11)Fuel s | | Oil well/Gas well |
| | wer lines | 5 Cess | • | | | | • | Other (specify below) |
| | _ | er lines 6 Seep | page pit | 9 Feedyard | | | icide storage | |
| | | NE | LITUO COIO | | 1 === 1 | How mar | | INTERVAL O |
| FROM | TO TO | <u> </u> | LITHOLOGIC | | FROM | то | PLUGGING | INTERVALS |
| 0 / | 16 | | | n, No odor | | | | |
| 10' | 18-1 | | | No odor | | | | |
| 18'- | 251 | | | durse grained, | | | | |
| | | brown, No | odor, w | ict at 191 | | | | |
| | | ' | | | | | | |
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| | | | | | | | | |
| 7 CONT | RACTOR'S | OR LANDOWNE | R'S CERTIFICAT | ION: This water well w | vas Annonetrus | ted (2) reco | netructed or (2) plugged up | der my jurisdiction and was |
| completed | on (mo/day | /year) 3/.2. | 26/95 | | | | | nowledge and belief. Kansas |
| | | 's License No | | | | | on (mo/day)yy) ///// | |
| | | | | sting Labs | TON TIBLUIU WAS | | | |
| | | | | | | by (signat | | |
| of Heal | th and Environm | pewriter or ball point lent, Bureau of Water | pen. <u>PLEASE PHESS I</u> , Topeka, Kansas 6662 | <u>-iniviLir</u> and <u>PHINI</u> clearly. P 20-0001. Telephone: 913-296- | iease till in blanks, u 5545. Send one to V | naeriine or circle VATER WELL OW | the correct answers. Send top this | e copies to Kansas Department ds. |