| · · · · · · · · · · · · · · · · · · · | WATEF | WELL RECORD | Form WWC-5 | KSA 82a | | | |
|-------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------|-----------------------------------------|-----------------------|---------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------|
| LOCATION OF WATER WELL: | Fraction | NEC | E Sec | tion Number | Township Num | | Range Number |
| County: RENO | NE 14 | <u>NE14</u> 5 | | 35 | т 24 | S | R (EW) |
| Distance and direction from nearest t | own or city street ad | dress of well if locate | d within city? | | | | |
| | 1ban Hen | dershot | | | | | |
| R#, St. Address, Box # : 11 | 115 Saith | K-17 149 | hway | | Board of Agr | iculture f | Division of Water Resources |
| City, State, ZIP Code : H | tchinson | KS 6 | 7505 | - | Application N | | IVISION OF WAREN NESOURCes |
| LOCATE WELL'S LOCATION WIT | | | | | | | |
| AN "X" IN SECTION BOX: | | | | | | | |
| | | | | | | | 11/6/9/ |
| | | | | | | | mping gpm |
| NW NE | · · | | | | | • | mping gpm |
| | | | | | | - | to |
| W I IX | WELL WATER TO | D BE USED AS: | 5 Public wate | r supply | 8 Air conditioning | 11 | Injection well |
| s sw _ se I a | 1 Domestic | | | | | | Other (Specify below) |
| | 2 Irrigation | | - | • | 10 Monitoring well . | | |
| | | acteriological sample s | submitted to De | - | | | mo/day/yr sample was sub- |
| <u>S</u> | mitted | | | | ter Well Disinfected | | |
| TYPE OF BLANK CASING USED | | 5 Wrought iron | 8 Concre | | | | Clamped |
| 1 Steel 3 RMP (2 PVC) 4 ABS | (SH) | 6 Asbestos-Cement | | (specify below | | | ed |
| Blank casing diameter | in the 10.5 | 7 Fiberglass | | | # Dia | | |
| Casing height above land surface | | | | | | | |
| TYPE OF SCREEN OR PERFORATI | | | 7 PV | | | | |
| 1 Steel 3 Stainle | | 5 Fiberglass | | | 10 Asbestos-cement 11 Other (specify) | | |
| 2 Brass 4 Galvanized steel | | 6 Concrete tile | 9 ABS | | 12 None used (open hole) | | I |
| CREEN OR PERFORATION OPEN | INGS ARE: | 5 Gauzo | ed wrapped | | 8 Saw cut | · · | 11 None (open hole) |
| 1 Continuous slot 3 | Mill slot | 6 Wire | wrapped | | 9 Drilled holes | | |
| 2 Louvered shutter 4 | Key punched | 7 Torch | cut | | 10 Other (specify) | | |
| SCREEN-PERFORATED INTERVALS | | | | | | | oft. |
| | | | | | | | o |
| GRAVEL PACK INTERVAL | S: From | ft. to | | ft., Fror | n | ft. te | o |
| | From | ft. to | | ft., Fror | | ft. t | |
| | | 2 Cement grout | 3 Bento | - | | | A 1- A |
| Grout Intervals: From | | ··· π., From ···· | π. | | ock pens | | andoned water well |
| 1 Septic tank 4 Lat | | 7 Pit privy | | 11 Fuel | | | il well/Gas well |
| 2 Sewer lines 5 Cess pool | | 8 Sewage lage | oon | 12 Fertilizer storage | | | ther (specify below) |
| 3 Watertight sewer lines 6 Seepage pit | | 9 Feedyard | | | 13 Insecticide storage | | |
| Direction from well? | South | | | How man | ny feet? 150 | 5 4 | |
| FROM TO | LITHOLOGIC L | OG | FROM | TO | PLU | gging II | NTERVALS |
| | | | 105 | 52 | Chlorin | | SAND |
| | | | 52 | 50 | BENTONI | | |
| | | | 50 | | Subsoil | | |
| | | | 7 | 4 | BENTON | 112 | |
| | | | 4 | 0 | 5011 | | |
| | | | | | | | |
| | | | | | | | <u> </u> |
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| | : : | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CONTRACTOR'S OR LANDOWN | ER'S CERTIFICATIO | N: This water well w | as (1) constru | cted. (2) reco | nstructed or (3) plu | agedund | er my jurisdiction and was |
| completed on (mo/day/year) | | | | | | | wledge and belief. Kansas |
| Vater Well Contractor's License No. | 1 (| This Water W | | | | 1/6/ | 91 |
| inder the business name of | 165 M | | | by (signat | | | Roans |
| | | | | | | | KU A W |
| INSTRUCTIONS: Use typewriter or ball point | int pen. PLEASE PRESS FII | RMLY and PRINT clearly. Ple | ase fill in blanks, | underline or circle | the correct answers. Sen | three | copies to kansas Department |
| INSTRUCTIONS: Use typewriter or ball point of Health and Environment, Bureau of Wal | int pen. PLEASE PRESS FII | AMLY and <u>PRINT</u> clearly. Ple 0001. Telephone: 913-296-5 | ase fill in blanks, 545. Send one to | underline or circle | the correct answers. Sen | our records | copies to kansas Department |