| MW -102 WATER WELL REC | CORD | Form WW | C- 5 | Division of W | Jater Reso | ources: Ann No | | |
|--|---|--------------------------|---------------|--|---|--------------------|-----------------------|--|
| 1 LOCATION OF WATER WELL: | | | | | Division of Water Resources; App. No. Section Number Township Number | | | |
| County: Edwards | | | UF 1/4 | 32 | | 25 S | Range Number R / E/W | |
| Distance and direction | well if | | | | rees, min. of 4 digits) | | | |
| located within city? | itersect. | Latitude: | | | | | | |
| of | husy 50 | | | Longitude: | | | | |
| 2 WATER WELL OWNER! ADM Gain | | | | Elevation: | | | | |
| RR#, St. Address, Box # : Hwy 19 RRI Box 23 | | | | Datum: | | | | |
| City, State, ZIP Code: Belphie, Ks. 67519 | | | | Data Collection Method: | | | | |
| 3 LOCATE WELL'S | 4 DEPTH OF COM | PLETED WELL | 40.4 | | | | | |
| LOCATION | D | . E | | 0 (2) | | 6 (2) | | |
| WITH AN "X" IN | | | | | | | | |
| SECTION BOX: | WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | |
| | Est. Yieldgpm: Well water was | | | | | | | |
| WELL WATER TO BE LICED AC. 5 Building water growth 9 Air and 4/4 min 11 Tuited in 1 | | | | | | | ection well | |
| NW NE | 1 Demosts 2 Feedlet (O)1 C-11 | | | | | | | |
| W X E | | | | | | | | |
| | | | | | | | | |
| SW SE | 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 | Iron 8 Con | ncrete tile | CAS | ING JOI | NTS: Glued | Clamped | |
| 1 Steel 3 RMF | (SR) 6 Asbestos | -Cement 9 Oth | | below) | | Welded | ····· | |
| 2)PVC 4 ABS | 7 Fiberglass | s | | | | Threaded | | |
| Blank casing diameter | | | | | | | | |
| Casing height above land | | | | lbs./ft. Wall | thicknes | s or guage No: | 5ch 80 | |
| TYPE OF SCREEN OR P | | _ | | | | | | |
| | nless Steel 5 Fiber | rglass OPVC | 9 A | ABS | 110 | | 1 1 \ | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: 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 8 Saw Cut 10 Other (specify) | | | | | | | | |
| From | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| Sand Fromft. toft., Fromft. toft. | | | | | | | | |
| · | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From ft. to 7. ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| | | | | π. το | n., Fro | om | n. ton. | |
| What is the nearest source of possible contamination: 1. Sertia tends 4. Leteral lines 7. Bit private 10. Livesteek pens 13. Insecticide Storage 16. Other (energity) | | | | | | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) | | | | | | | | |
| 3 Watertight sewer | | | | | | | | |
| Direction from well? | | | | - | | | | |
| FROM TO | LITHOLOGIC | | FROM | * | | LUGGING INTI | | |
| | wel | | | | | | | |
| 1 8 Sa | | | | | | | | |
| 8 16 51 | It - brown, cla | v fill sandr | | | | | | |
| 16 40 Sano | 1-5itto, trace 9 | vare | | | | | | |
| | J | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 CONTRACTOR'S OF | I ANDOWNED'S CI | EDTIFICATION: | This water | well was (1) see | notmicts: | 1 (2) recomment | ad an (2) -11 | |
| under my jurisdiction and | was completed on (mo | /day/year) 5-14 | -08 and | well was (1) coll this record is to | ue to the | hest of my know | ou, or (3) prugged | |
| Kansas Water Well Control | actor's License No | 709 This Wate | er Well Rea | cord was comple | ac to the | mo/day/vear) | Plicage and belief. | |
| 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) | | | | | | | | |
| 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 Departme | ent of Health and Environme | nt, Bureau of Water, Geo | ology Section | , 1000 SW Jackson | St., Suite 4 | 20, Topeka, Kansas | 66612-1367. Telephone | |
| 785-296-5522. Send one thttp://www.kdheks.gov/waterwe | to WATER WELL OWN | NEK and retain one | for your re | ecords. Fee of | \$5.00 fo | r each constructed | well. Visit us at | |