| WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No. | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|------------|----------------------------------------------------------------|---------------------|----------------------|--|
| | | F WATER WELL: | Million SW 1 | W | Section Number | Township Number | Range Number R Z Z E | |
| Distance and direction from nearest town or city street address of well if | | | | | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | |
| located within city? | | | | | Latitude: | | | |
| 4E1 65 from Seconde | | | | | Longitude: | | | |
| 2 WATER WELL OWNER: Ken Tamas | | | | | Elevation: | | | |
| RR#, St. Address, Box # : | | | | | Datum: | | | |
| City, State, ZIP Code : Dodge City, KS 67801 | | | | | Data Collection Method: | | | |
| 3 LOC | CATE WE | | LETED WELL | 80 | | | | |
| LOC | LOCATION | | | | | | | |
| WIT | WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | |
| SEC | WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | |
| | N Pump test data: Well water wasft. after | | | | | | | |
| Est. Yield. 2.2gpm: Well water was | | | | | | | | |
| WELL WATER TO BE USED AS: 5 Public water supply WELL WATER TO BE USED AS: 5 Public water supply WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 11 Injection well 9 Dewatering 12 Other (Specify below) | | | | | | | | |
| w Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | |
| SW SE XX | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted | | | | | | | | |
| <u> </u> | | Sample was submitted. | • • • • • • • • • • • • • • • • • • • • | Wate | er well disinfected? | Yes No | •••• | |
| S | | | | | | | | |
| | | ING USED: 5 Wrought I | | crete tile | CASIN | IG JOINTS: Glued | | |
| 1 - | Steel | 3 RMP (SR) 6 Asbestos-6 | | | below) | | | |
| | | 4 ABS 7 Fiberglass | | | | Threaded | ļ | |
| Blank casing diameter | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify) | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| 1 Continuous slot | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. | | | | | | | | |
| From ft. to ft. From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | |
| 6 CPO | TIT MATI | EDIAL 1 Nest sement 2.0 | Coment grout D | | 4 Othor | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other Grout Intervals: From | | | | | | | | |
| | | source of possible contamination | | | 11. 10 | ı., 110m | 11. 1011. | |
| 1 | Septic tank | • | | 10 Livest | ock pens 13 In | secticide Storage | 16 Other (specify | |
| | Sewer line | | | 11 Fuel st | | bandoned water well | below) | |
| | | sewer lines 6 Seepage pit | | | | oil well/gas well | | |
| | n from wel | | | | | | | |
| FROM | ТО | LITHOLOGIC | | FROM | | PLUGGING INT | | |
| | 8 | Talai | | | | | | |
| 3 | 67 | brown clay | | | | | | |
| 67 | 75 | restito cond | | | | | | |
| 75 | 80 | blue clan | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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)? | | | | | | | | |
| | | | | | | | 10-20-07 | |
| | e business | | Drilling, In | <u> </u> | y (signature) | | | |
| | | se typewriter or ball point pen. <u>PLEAS</u> Department of Health and Environmen | | | | | | |
| 785-296-5 | | | | | | | | |
| 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 http://www.kdheks.gov/waterwell/index.html. | | | | | | | | |