| | | WA | TER WELL REC | CORD | Form WWC-5 | KSA 82 | a-1212 | ID No. | MW-6 | | | |
|--|---|--|--------------------------------------|---------------|----------------------|----------------------|--------------------|------------|--|---|---|--|
| | TION OF WA | TER WELL: | Fraction | | | s | ection Num | | Township Numl | oer | Range Number | |
| County: F | | | SW 1/4 | | | 1/4 | 26 | | T 26 | s | R 25 E(W) | |
| Distance and direction from nearest town or city street address of well if located within city? 600 West Trail Street, Dodge City, KS | | | | | | | | | | | | |
| 2 WATE | R WELL OW | NER: Kansas | Dept of Health | and En | vironment - B | ER | | | | | | |
| City, State | ddress, Box , ZIP Code | # : 1000 SV : Topeka, | V Jackson, Sui KS 66612 | te 410 | | | | | Application Nu | mber: | ivision of Water Resources | |
| 3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL | | | | | | | | | | | | |
| AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 | | | | | | | | | | ft. | | |
| Pump test data: Well water wasft. after | | | | | | | | ımping gpm | | | | |
| Est. Yield gpm: Well water wasft. after | | | | | | | | | | | | |
| | 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | | | | |
| w - | W 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring wellMVV-0 | | | | | | | | | | | |
| - SW SE Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | | | | a /day / wa a ammilaaa ay b | |
| was a chemical/bacteriological sample submitted to bepartment? TesNo | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 5 TYPE | OF BLANK C | ASING USED: | | 5 Wrou | ught iron | 8 Cond | rete tile | | CASING JOINT | S: Glued | ! Clamped | |
| 1 Steel 3 RMP (SR 2)PVC 4 ABS | | | R) 6 Asbestos-Cement 7 Fiberglass | | | | r (specify b | | | | | |
| _ | | 4 AD3 | 2 in to | | | ********** | in to | ********** | ft Dia | Inrea | in. toft. | |
| | | | Flush Mo | unt in., | weight | | | lb | s./ft. Wall thickness | or guage | No. Sch 40 | |
| _ | N MATERIAL: | MATERIAL: | | | VC | | 10 Asbestos-Cement | | | | | |
| 1 Stee | | 3 Stainless 4 Galvaniz | | J | | | MP (SR) BS | | 11 Other (Specify) | | | |
| 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed 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)ft. | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| From | | | | | | | | | | | | |
| | | | From | | ft. to | | ft., F | rom | ••••• | ft. to . | ft. | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3)Bentonite 4 Other | | | | | | | | | | | | |
| Grout Inter | rvals: Fron | 11 | ft. to30 | f | t., From | | | | ft., From | | . ft. toft. | |
| | | irce of possible | | | | | \sim | | k pens | | pandoned water well | |
| • | otic tank ver lines | 4 Later | | | | | _ | | _ | | well/Gas well | |
| | | 5 Cess r lines 6 Seep | | | | - | | r storage | 16 01 | ther (specify below) | | |
| Direction fr | • | | | | 0 . 000,0 | | | many | - | *************************************** | ••••••••••••••••••••••••••••••••••••••• | |
| FROM | то | | LITHOLOGIC | LOG | | FROM | ТО | T | PLUGG | ING INT | TERVALS | |
| 0 | 4.5 | Silty CLAY | | | | | | | | | | |
| 4.5 8 | 8 | Sandy CLAY | | | | - | | - | | | | |
| - 0 | 47 | SAND, Medi | um to Coarse v | with Gra | ivei | - | | - | | | | |
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| | | | | | | | | | | | | |
| | | Flush mount v | waiver for site a | approve | d | | | | | | | |
| 7 | | | | <u>'</u> | | | | | | | | |
| 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). 4/20/2010 and this record is true to the best of my knowledge and belief. Kansas | | | | | | | | | | | | |
| Water Well | on (mo/day/y | Licence No .7.0 |)8 | | This Wate | r Well Record | and th | is recoi | rd is true to the best on (mo/day/yr) . 5/11 | of my kno 1/2010 | owledge and belief. Kansas | |
| | | | Environmenta | | | | | | gnature) | اسکر | Un | |
| INSTRUCT | FIONS: Use type | writer or ball point per | n. PLEASE PRESS FI | IRMLY and | PRINT clearly. Pleas | se fill in blanks, u | nderline or circl | le the cor | rect answers. Send top thr | ee copies t | o Kansas Department of Health | |
| records. Fe | ee of \$5.00 for ea | f Water, Geology Sec ach <u>constructed</u> well. | mon, 1000 SW Jackso | on St., Suite | 420, lopeka, Kans | as 66612-1367. T | elepnone 785- | 296-5522 | 2. Send one to WATER WE | LL OWNER | R and retain one for your | |