| MW-7 | | | R WELL RECORD | Form WWC-5 | KSA 82a- | | | |
|-------------------------------|--|-------------------|---------------------------------------|------------------|----------------|--|----------------------------|--|
| LOCATION OF W | | Fraction | .1 11 | , | tion Number | Township Number | Range Number | |
| County: Kingr | | 15W 1/4 | NE 1/4 NV | V 1/4 C | 5 | т 28 s | R EN | |
| Distance and direction | | | ddress of well if locate | , - | | | · | |
| 344 | - N | Main (| back all | 24) | | | | |
| WATER WELL O | WNER: C | ity of k | inaman | J, | | | | |
| , RR#, St. Address, B | ox # : | P.O. Box | | | | Board of Agriculture, | Division of Water Resource | |
| City, State, ZIP Code | | Kinsma | | 068 | | Application Number: | | |
| LOCATE WELL'S | | | ONDI ETED WELL | 250 | | 1/4 | | |
| AN "X" IN SECTION | | | water Encountered 1 | | | | | |
| | <u>N</u> | | A verify | | | | | |
| NW | - NE | Pum | test data: Well water | er was | ft. af | ace measured on mo/day/y ter hours p ter hours p | umping gp | |
| . ! ! | 1 ! ! | | · · · · · · · · · · · · · · · · · · · | | | ınd | , , | |
| w | | 1 | O BE USED AS: | | | | Injection well | |
| | 1 ; 1 | | | 5 Public wate | | | • | |
| SW | SE | 1 Domestic | | | | | Other (Specify below) | |
| 1 | | 2 Irrigation | | | | 0 Monitoring well | | |
| | | Was a chemical/ | bacteriological sample s | submitted to De | | s; If ye | . / | |
| | \$ | mitted | | | | er Well Disinfected? Yes | No X | |
| TYPE OF BLANK | CASING USED: | | 5 Wrought iron | 8 Concre | ete tile | CASING JOINTS: Glue | ed Clamped | |
| 1 Steel | 3 RMP (S | SR) | 6 Asbestos-Cement | | (specify below | • | ded <u></u> | |
| ©2 PVC | 4 ABS | | 7 Fiberglass | | | Thre | eaded. Flush | |
| lank casing diameter | er Z | .in. to , | ft., Dia | in. to | | ft., Dia | . in. to | |
| Casing height above | land surface | Flush | .in., weight | <i>10</i> .3 | lbs./f | t. Wall thickness or gauge I | No 154 | |
| YPE OF SCREEN | • | - | ., | Z PV | | 10 Asbestos-cem | | |
| 1 Steel | 3 Stainles | | 5 Fiberglass | | P (SR) | | /) | |
| 2 Brass | 4 Galvani | | 6 Concrete tile | 9 AB | | 12 None used (o | | |
| CREEN OR PERFO | | | | 5 Gauzed wrapped | | , | • | |
| | | | | | | | 11 None (open hole) | |
| 1 Continuous s | | Mill slot | | wrapped | | 9 Drilled holes | | |
| 2 Louvered shu | | (ey punched a | 7 Torch | | | 10 Other (specify) | | |
| SCREEN-PERFORA | TED INTERVALS: | : From 7 . | . ⊘ ⊋ ft. to | | | n ft. | | |
| 1 | | From | ft. to | | ft., Fron | n ft. | to | |
| GRAVEL P | ACK INTERVALS | : From | | 24.8 | S ft., Fron | n ft. | to | |
| | | From | ft. to | | ft., Fron | | to | |
| GROUT MATERIA | AL: 1 Neat | cement | 2 Cement grout | 3 Bento | nite 4 | Other | | |
| • | | , , | ft., From | | | | ft. to | |
| What is the nearest | • | . • | * it., TTOITE | | 10 Livest | | Abandoned water well | |
| | | | 7 Dit | | | | | |
| 1 Septic tank 4 Lateral lines | | | | | | uel storage 15 Oil well/Gas well | | |
| 2 Sewer lines 5 Cess pool | | | 5 5 | | | rtilizer storage 16 Other (specify below) | | |
| 3 Watertight se | wer lines 6 See | page pit | 9 Feedyard | | | ticide storage | | |
| Direction from well? | East | | | | | ny feet? ~5 | | |
| FROM TO | <u> </u> | LITHOLOGIC | LOG | FROM | то | PLUGGING | INTERVALS | |
| 2.0 | Clay, | Silty | | | | | | |
| 2.0 5.5 | Sand, | fine 400 | ned grained | | | | | |
| | | | Hered Coarse | | | | | |
| | gravel | | | | | | | |
| 5.5 11.0 | | unamed | dated | | | | | |
| 11.0 | Shall, | unconsoli | Johanna | | h | Flush mount | 1,201,102 | |
| 110 13.3 | sana, 1 | ine to me | agraine | | | 10001 | naivor | |
| 2 | well'so | | , , , | | | granted on | 6-10-97 | |
| 3.5 21.0 | Sand, | ting to m | ed grained | | | | <u> </u> | |
| | well so | rted | <u> </u> | | | GO VALLE T | rust fund for | |
| 1.0 25.0 | Sand U | kry fine | grain, wel | ! | | TOP NUME II | Was Turu To | |
| | | Slightly | | | | dita of Kingi | nan, Kingmo | |
| | | 0 | | | | 4190 | | |
| | | | | | | KS by I | on Taylor | |
| | | | | | | | ar inglor | |
| | | | | | | | • | |
| J | 1 | | | | | | | |
| CONTRACTOR'S | OR LANDOWNE | R'S CERTIFICAT | ON: This water well w | a (1) constru | cted, (2) reco | nstructed, or (3) plugged ur | nder my jurisdiction and w | |
| completed on (mo/da | ıy/year) 🂪 . ¯ | -12-92, | | | | rd is true to the best of my k | | |
| Vater Well Contracto | | | This Water W | | | on (mo/day/yr)6 | | |
| | _ | technico | / / | | by (signat | | rue | |
| nder the business r | | | | | - / \ | | 1 · V = | |

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 Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.