| W | ATER WELL REC | CORD | Form WW | C-5 | Division of Water | r Resources; App. No. | | |
|--|--|-------------------------|--------------------|--------------------------------|------------------------------|-----------------------|--------------------------------------|--|
| 1 | LOCATION OF WA | . | Fraction | A DAL. | Section Number | Township Number | | |
| | Distance and direction | from postroot towards | SE14 SW14 | NW ¹ / ₄ | Clobal Pasitioning | T 28 S | R 7 EW | |
| | | | | | Latitude 27° | Systems (decimal deg | grees, min. of 4 digits) | |
| | located within city? 101 N Main, Kingman, H5 Latitude: 37° 38' 29.1" Longitude: 98° 06 49.7' | | | | | | | |
| 2 | WATER WELL OW | NER: ADM C | parurarilla | Grain | Elevation: 150 | 1.72 TOL. 1 | 501,98 PIM | |
| | RR#, St. Address, Box | ^{(#} :1,100, N | Halstead | | Datum: | | | |
| | City, State, ZIP Code | Hutchin | 150n, hs | | | Method: Legal | Survey | |
| 3 | LOCATE WELL'S | 4 DEPTH OF COM | PLETED WELL . | ·······/·{z | 7 ft. | \sim M | W^7 | |
| | LOCATION WITH AN "X" IN | Depth(s) Groundwater | r Encountered (1 |) | ft (2) | ft. (3). | ft. | |
| | SECTION BOX: | WELL'S STATIC W. | | | | | | |
| | N | Pump test dat | a: Well water was. | | ft. after | hours pumping. | gpm | |
| | | Est. Yieldgpr | | | | | | |
| | NW NE | WELL WATER TO F | | | supply 8 Air of supply 9 Dew | | jection well ther (Specify below) | |
| W | E | | | | | itoring well | | |
| | SW SE | C | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted | | | | | | | |
| | S | Sample was submitted | 1 | Wate | er well disinfected? | r es No | •••• | |
| - | TYPE OF CASING U | SED: 5 Wrought | Iron 8 Co | oncrete tile | CASING | FIGURES Chied | Clamped | |
| 3 | LSteel 3 RMI | P (SR) 6 Asbestos | | her (specify | | | Cramped | |
| | (2)PVC 4 ABS | 7 Fiberglas | SS | | | Threade | d .X `` | |
| Blank casing diameter | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass TVC 9 ABS 11 Other (Specify) | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Çut 10 Other (specify) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| From ft. to ft. From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From \mathcal{L} | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Dentonite 4 Other CONCNETEO. Z | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| W | That is the nearest source | | | 10 Lives | tock nens 12 Inc | secticide Storage | 16 Other (specify | |
| 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 | lines 6 Seepage pit | 9 Feedyard | 12 Fertili | zer Storage 15 Of | il well/gas well | | |
| - | pirection from well? | | | | ny feet? | DI LICONIO TO | EEDVAL C | |
| F | ROM TO | LITHOLOGI | L di iam | FROM | | PLUGGING INT | IERYALS | |
| H | | STAININGS | OP MOKE | UN S | ome fill 1 | M. Some | W/K- | |
| | 11 6 | JIMINING) S | VII, 1140-31 | , ~ c | | J | 0 / | |
| | 4 6 5A | ND WISHT. | redish b | MWM | avading | Q Clay | JW/SIL- | |
| _ | , M | | you HAN/ | grey | , NO OCOR | , NO STAIN, | SOFT, | |
| | a 5 | igntly mois | 1 5 10 0 1 | 18. I | d 500 000 | Me Atan | un Mass | |
| | @ SA | MD ned a | cain, well | SULT | ay sort, or a | mycz ws | vo odok | |
| | | ~ 1 M 11 V | | | - LOONE !! | Shmount | Wavierlas | |
| | 8 10 SAN | JD, rued arain | 2,0range/ta | D WE | TUVI | D. Taylo | 2 | |
| 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) .11.1.15.10 | | | | | | | | |
| under the business name of $0.960 + Association$ by (signature) | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in Manks, the property or circle the correct answers. Send top | | | | | | | | |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 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.kdhe.state.ks.us/geo/waterwells.