| W. | ATER | R WELL | RECORI | D | Form WWC | -5 | Division | of Wate | r Resources; App. No. | | - | |
|---|--|---|---|---------------------------------------|------------------------|--|--|-------------------------|--------------------------|------------------------|---------|--|
| 1 | LOCA | ATION O | F WATER | WELL: | Fraction | With the same of t | Section N | | Township Number | Range Nur | nber | |
| | Count | y: Mee | rde_ | | DE1/4 DE1/4 | 161/4 | 5 | | T 30 S | R 19 | | |
| | Distar | nce and dir | ection from | nearest town or cit | ty street address of w | ell if | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | | | |
| | | | | | 3 m. west on | Latitude: | | | | | | |
| | 56 | 56 then 7/14 m. south. | | | | | | Longitude: | | | | |
| 2 | WAI | WATER WELL OWNER: James R. Koehn | | | | | | Elevation: | | | | |
| | | RR#, St. Address, Box # : 8187 A. Red. City, State, ZIP Code : | | | | | | Datum: | | | | |
| | Montezama, KS. 62861 | | | | | | | Data Collection Method: | | | | |
| 3 | | ATE WEI | L'S 4 DI | EPTH OF COME | PLETED WELL | <i>3. J.O</i> | ft. | | | | | |
| | | ATION | WINTEN David Community Formulation of (1) | | | | | | | | | |
| | | WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | | | | |
| | SECTION BOX: WELL'S STATIC WATER LEVEL | | | | | | | | | /yr <i>[.[.f.].</i> [. | erl | |
| | Pump test data: Well water was | | | | | | | | | | gpm | |
| | WELL WATER TO BE USED AS: 5 Public vector cumby 9 Air conditioning 11 Injection well | | | | | | | | | | gpm | |
| W | To NW NE 12 Other (Specific held water graphy 0 Devertering 12 Other (Specific held | | | | | | | | | | elow) | |
| W | 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs | | | | | | | | | | y/yrs | |
| | Sample was submitted | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| 5 | TYPE | OF CAS | ING USED: | 5 Wrought 1 | Iron 8 Con | crete tile | | CASIN | G JOINTS: Glued | C Clamped | | |
| | 1.8 | Steel | 3 RMP (SR) | 6 Asbestos- | | r (specify | | | | | | |
| | O | PVC | 4 ABS | 7 Fiberglass | | | | | Threaded | L | | |
| 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) | | | | | | | | | | | | |
| 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 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) | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| From | | | | | | | | | | | | |
| From | | | | | | | | | | | | |
| From | | | | | | | | | | | | |
| | ~~~ | CTENT TO ME A CHICAGO | TENT 1 | 3. T | | | 4.0.1 | | | | | |
| | | UT MATI | CRIAL: 1 | Neat cement 2 | Cement grout 3 B | entonite | 4 Other | | ייוך _י י | | | |
| | | tervals: | | | | | . II. to | I | t., From | It. to | It. | |
| VV | | ne nearest Septic tank | | ossible contaminat 4 Lateral lines | | 10 Livest | ook nane | 12 In | secticide storage | 16 Other (spe | oifu | |
| | | | | | | | | | | below) | CITY | |
| | | | | | | | | | | | | |
| Di | irection | n from wel | 1? So u | ナトレンピュナ | | | | | | | | |
| | ROM | ТО | | LITHOLOGIC | | FROM | | | PLUGGING INT | | | |
| | 0 | عر | 10000 | <i>i</i> | | | | | | | | |
| | 2 | 30 | Tancl | a | | | | | | | | |
| - | 80 | 90 | medo | sand | | | | | | | | |
| | 90 | 120 | 10 si < | | | | | | | | | |
| | 120 | 200 | med. S | | | | | | | | | |
| | 200 | 220 | | | clay streaks | | | | | | | |
| 6.5 | 220 | 390 | Med. Se | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 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)///9/.9.7 and this record is true to the best of my knowledge and belief. | | | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 333 This Water Well Record was completed on (mo/day/year) 1/1/10 | | | | | | | | | | | | |
| ur | ider the | e business | name of | wastran u | later well | | y (signatų | | | | d 1: | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline of 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 | | | | | | | | | | | | |
| | 5-296-5 | 522. Seno | l one to WA | ATER WELL OWN | IER and retain one f | for your i | ecords. Fe | e of \$5 | .00 for each constructed | <u>ed</u> well. Visi | t us at | |
| htt | p://www | | /waterwell/inde | | | | | | | | | |