| | | RECORD | Form WWC | | | | esources; Ap | | | |
|---|----------------|---|--------------------------------|---------------------------------------|-----------------|----------------|---------------|----------|------------------------|--|
| 1 LOC Cour | CATION C | s water well: Barber | Fraction 5W 1/4 SW 1/4 | VF 1/4 | Section Nur. | | Township N | | Range Number R E/W | |
| | ince and di | rection from nearest town | or city street address of w | ell if | | | | | ees, min. of 4 digits) | |
| | | | | | | | | | | |
| 14 E +3 Not Medicine Lodge | | | | | | Longitude: | | | | |
| 2 WA | TER WEI | LOWNER: Dalla | s Lawrence | | Elevation: | | | | | |
| RR# | St. Addre | ss, Box # : 2985 | SE Northstar K | d. | Datum: | | | | | |
| located within city? Yu F + 3 N of Medicine Lodge Longitude: Longitude: Longitude: | | | | | | | | | | |
| | | | | | | | | | | |
| l | CATION | | | 13 | | | | | | |
| WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | | | | |
| SECTION BOX: WELL'S STATIC WATER LEVEL | | | | | | | | | yr. 6 k | |
| Pump test data: Well water wasft. after hours pumpinggpn Est. Yield. 45gpm: Well water wasft. afterhours pumpinggpn | | | | | | | | | | |
| | | | | | | | | | gpm | |
| WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply | | | | | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | | |
| | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | | | |
| Sample was submitted Water well disinfected? Yes No | | | | | | | | | | |
| | S | | | | | | | | _ | |
| 5 TYPI | E OF CAS | ING USED: 5 Wro | ught Iron 8 Cone | crete tile | C | ASING J | OINTS: Gl | ued | Clamped | |
| 1 | Steel | $3 \text{ RMP (SR)} \qquad 6 \text{ Asb}$ | estos-Cement 9 Othe | r (specify | below) | | W | elded | | |
| 2, | PVC | 4 ABS 7 Fiber | rglass, | | • | | Th | nreaded. | | |
| Blank casing diameter 5 in. to 2.2 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 2.4 in., Weight lbs./ft. Wall thickness or guage No. 160 5 | | | | | | | | | | |
| Casing height above land surface. 2.7 | | | | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 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 Guazed 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 | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | |
| From | | | | | | | | | | |
| 6 GRO | UT MATI | ERIAL: 1 Neat cement | 2 Cement grout 3 Be | ntonite | 4 Other | | | | | |
| Grout In | | | o 2.2 ft., From | | ft. to | ft., I | From | | ft. toft. | |
| | | source of possible contar | | | | | | | | |
| | Septic tank | | | | ock pens | | ticide Storag | | 16 Other (specify | |
| | Sewer line | 1 | 2 2 | 11 Fuel s | | | doned wate | | below) | |
| | | sewer lines 6 Seepage 1? | | | zer Storage | | | | | |
| FROM | TO | | OGIC LOG | FROM | | | PLUGGIN | | | |
| | 2 | Soil | odic Eod | TROIV | 1 10 | | TLOGGIN | OHIL | ACVALS | |
| 0 | 19 | red clay | | | | | | | | |
| 19 | 76 | Sond | | | | | | | | |
| 26 | 32 | red Shale | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | TOU STAN | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | _ | | | |
| 7 CONT | FRACTO | R'S OR LANDOWNER | S CERTIFICATION: T | his water | well was (1) | construct | ed (2) reco | nstructe | d, or (3) plugged | |
| under my jurisdiction and was completed on (mo/day/year) 6 7.67. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 7.6 This Water Well Record was completed on (mo/day/year) . 6 7.6.7 under the business name of by (signature) by (signature) | | | | | | | | | | |
| Kansas | water Well | Contractor's License No | This Water | well Re | cord was com | ipleted on | mo/day/y | ear) . 6 | F F. F. O J | |
| under th | TIONS: 11 | e typewriter or hall point non | PLEASE PRESS FIRMLY and I | DRINT also | y (signature) | n blo bo | derline or | MM | rect anguare Sand to | |
| three copie | es to Kansas l | Department of Health and Envir | onment, Bureau of Water, Geolo | gy Section | , 1000 SW Jacks | son St., Suite | e 420, Topeka | Kansas 6 | 6612-1367. Telephone | |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each Anstructed well. Visit us a | | | | | | | | | | |
| nttp://www | w.kane.state.k | s.us/geo/waterwells. | | | | | | | | |