| | | | | R WELL RECORD | Form W | VÇ-5 KS | A 82a-1 | | |
|--|----------------|----------------------------|-----------------------|------------------------------------|------------------|------------------|------------|-----------------------------------|---|
| - | | ATER WELL: | Fraction | CW 1/ N | - 1 | Section Nu | mber | Township Number | Range Number |
| County: S | | n from nearest to | SW 1/4 | SW 1/4 N address of well if loc | ated within | city? | | T 35 S | R 33 E(W) |
| | | | ake & Kansas | | atou wanii i | Oity i | | | |
| 2 WATER | R WELL O | MNER: Weaver | r General Stor | e | | | | | |
| | ddress, Bo | x# : 420 Sou | ith Washington | n | | | | Board of Agriculture, Divi | sion of Water Resources |
| City, State, | | | l, Kansas | | | | | Application Number: | |
| 3 LOCATE | WELL'S | LOCATION | | OMPLETED WELL. | 158 | ft. l | ELEVA" | TION: | 840.7 |
| WITH A | N"X" IN S | ECTION BOX: | | | | | | | 3 ft. |
| T – | - 1 | 1 | | | | | | | yr 10/11/95 |
| T | 1 | | | | | | | , | mping gpm |
| - | - NW | NE | | | | | | | mping gpm |
| ∄ w ⊻ | . ; | i | ì | | | | | • | n. to |
| ≅ w 🏲 | ` | E | | TO BE USED AS: | | | | 3 Air conditioning 11 | |
| `. | 1 | | 1 Domestic | | 6 Oil field v | | | • | Other (Specify below) |
| h | - sw | \$E | 2 Irrigation | | | | | . | Injection well Other (Specify below) , mo/day/yr sample was No |
| ↓ l | i | ; | | | | | | Yes; If yes | , mo/day/yr sample was |
| ¥ L | ' | | submitted | _ | | · | | r Well Disinfected? Yes | No √ |
| 5 TYPE C | F BLANK | CASING USED: | | 5 Wrought iron | 8 Cc | ncrete tile | | CASING JOINTS: Glue | d Clamped |
| 1 Ste | | 3 RMP (SI | | 6 Asbestos-Cemer | nt 9 Ot | her (specify | / below | | ded |
| (2)PV | | 4 ABS | , | 7 Fiberglass | | | | | aded |
| | | r . 2 | in. to | • | | | | | . in. to |
| | - | | | | | | | | No Sch 40 |
| | | R PERFORATIO | | | 7 | PVC | | 10 Asbestos-cen | nent |
| 1 Ste | | 3 Stainless | | 5 Fiberglass | | RMP (SR) | | 11 Other (specifi | () |
| 2 Br | | 4 Galvaniz | | 6 Concrete tile | | ABS | | 12 None used (o | |
| | | RATION OPENIN | | | zed wrappe | | 1 | 8 Saw cut | 11 None (open hole) |
| | ntinuous s | | /iill slot | | e wrapped | | , | 9 Drilled holes | , |
| 2 Lo | uvered shu | | (ey punched | 7 Toro | ch cut | | 10 | O Other (specify) | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| From | | | | | | | | | |
| G | RAVEL PA | CK INTERVALS | : From | .124 ft. to | 160 |) 1 1 | ., Fron | n | to ft. |
| | | | From | ft. to | <i>.</i> <u></u> | ft | ., Fron | n | to ft. |
| 6 GROUT | MATERIA | L: 1 Neat | cement | 2 Cement grout | (3)B | entonite | 4 (| Other | |
| Grout Inter | vals: Fro | m <u>0</u> | . ft. to 120 | ft., From | 120 | ft. to | 124 | ft, From | ft. to ft. |
| What is the | nearest s | ource of possible | e contamination: | | | 10 | Livesto | ock pens 14 / | Abandoned water well |
| 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Ge | | | | | | | | Oil well/Gas well | |
| 2 Sewe | er lines | 5 Ces | s pool | 8 Sewage la | goon | 12 | Fertiliz | | Other (specify below) |
| 3 Wate | ertight sewe | er lines 6 See | page pit | 9 Feedyard | | | | • | JST. Basin |
| Direction for | rom well? | SE | | | | | w many | feet? 230 | |
| FROM | ТО | | LITHOLOGIC | | FROM | | | PLUGGING | NTERVALS |
| 0 | | | Sand, Light B | rown | 138 | | _ | aliche Bed, | own |
| 0.33 | 2 | Clay, Mediu | | | 146 | 160 | Sa | nd, Light Orange Br | 0Wn |
| 2 | 6 | | m Orange Bro | | | | | | |
| 6 | 13 | | <u> Drange Brown</u> | | | | | | |
| 13 | 20 | | Yellow Brown | | | | | | |
| 20 | 26 | | m Orange Bro | wn | | | _ | | |
| 26 | 32 | | Yellow Green | | | | | | |
| 32 | 42 | Clay, Light (| | | | | | | |
| 42 | 50 | Clay, Light (| | | | | | | |
| 50 | 60 | Clay, Light (| | | | | | | |
| 60 | 75 | | <u>Orange Brown</u> | | | | | | |
| 75 | 91 | Clay, Light I | | | | | | | |
| 91 | 120 | Clay, Light (| Orange Brown | | | | | W11, Tag#00116684, Flu | · · · · · · · · · · · · · · · · · · · |
| 120 | 124 | Clay, Light (| Orange Brown | | | | | oject Name: Weaver Gener | |
| 124 | 138 | | Orange Brown | | | | | eoCore # 141 , KDHE # U1 | |
| 7 CONTR | ACTORS (| OR LANDOWNE | RS CERTIFICATI | ON: This water well | was (1) cor | nstructed, (| 2) reco | nstructed, or (3) plugged u | under my jurisdiction |
| and was co | ompleted o | n (mo/day/year) | | 9/30/95 | | and | this red | cord is true to the best of n | ny knowledge and belief. |
| Kansas W | ater Well C | Contractor's Lice | nse No | .527 | This Water \ | Well Record | d was c | ompleted on (m/a/day/yr) | /19/30/95 |
| under the I | | | | re Services, Inc. | | | (signatu | | Kalal |
| INSTRU | JCTIONS: Us | e typewriter or ball o | oint pen. PLEASE PI | RESS FIRMLY and PRIN | Z clearly. Plea | se fill in blank | s, underli | ne or circle the correct answers. | Send top three copies to Kansas |
| Departr | ment of Health | and Environment, B | ureau of Water, Topek | a, Kansas 66620-0001. | Telephone: 913 | 3-296-5545. S | end one | to WATER WELL OWNER and re | otain one for your records. |