| | | | WATE | R WELL RECORD | Form WWC- | 5 KSA 82a | -1212 | | 4 |
|---|----------------|--------------------------|--------------------|-----------------------------|----------------------|---------------------------|--|---|--|
| 1 LOCATIO | ON OF WAT | ER WELL: | Fraction | | Se | ction Number | Township | Number | Range Number |
| County: | | Smith | SW 1/4 | | | 29 | ∫ т 3 | S | R 15 EW |
| Distance and direction from nearest town or city street address of well if located within city? 301 S. Main | | | | | | | | | |
| 2 WATER | R WELL OW | | Kensingto | on Co-op | | | | | |
| | Address, Box | _ | Box 128 | | | | Board of | Agriculture. | Division of Water Resources |
| | , ZIP Code | | Kensingto | on. Ks. | | OBW-1 Application Number: | | | |
| | | | | | 50 | | | | |
| LOCATE WELL'S LOCATION WITH DEPTH OF COMPLETED WELL. 5.0 ft. ELEVATION: AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. | | | | | | | | | |
| - C | | | | | | | | | |
| 1 | i | - 1 1 | | | | | | | |
| - | - NW | NE | | • | | | | | Imping gpm Imping gpm |
| | ! | 1. 4 1 | | | | | | • | . to |
| * w | | | | TO BE USED AS: | | | 8 Air conditioning | | Injection well |
| - | i | | 1 Domestic | | | | | • | Other (Specify below) |
| - | - SW | SE | 2 Irrigation | 4 Industrial | | | | | |
| 1 1 | ! | | • | | | | | | , mo/day/yr sample was sub- |
| <u> </u> | | | mitted | bacteriological sample | Submitted to E | | ater Well Disinfec | | No X |
| E TYPE C | SE BLANK (| ASING USED: | milled | 5 Wrought iron | 8 Conc | | | | d Clamped |
| ا Ste | | 3 RMP (SR | ν. | 6 Asbestos-Cement | | (specify below | | | led |
| 2 PV | • | 4 ABS | 1) | | | | | | aded X |
| | | | in to 30 | 7 Fiberglass | | | # Dia | | Ť. |
| Blank casing diameter | | | | | | | | | |
| = | - | R PERFORATION | | .iii., weignt | | /C_ | | sbestos-ceme | |
| 1 Ste | | 3 Stainless | | 5 Fiberglass | - | MP (SR) | | | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |
| 2 Bra | | 4 Galvanize | | 6 Concrete tile | 9 Af | | | | |
| | | RATION OPENING | | | zed wrapped | | | 12 None used (open hole) Saw cut 11 None (open hole) | |
| | | | | 6 Wire wrapped | | | 9 Drilled holes | 2 | Tr Hono (open hole) |
| 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| From | | | | | | | | | |
| ď | SRAVEL PA | CK INTERVALS: | | | | | | | toft. |
| · | # L | 011 111 2111/1201 | From | ft. to | | ft., Fro | | | to ft. |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | |
| Grout Intervals: From 0 | | | | | | | | | |
| What is the | | ource of possible of | | , - | | | stock pens | | bandoned water well |
| 1 Septic tank 4 Late | | | | | | | | 15 C | Dil well/Gas well |
| 2 Sewer lines 5 Ces | | | | | | | | | |
| | | | | | | | d Fuel Storage | | |
| Direction f | • | | -3- F | | | How ma | _ | | |
| FROM | то | | LITHOLOGIC | LOG | FROM | ТО | | PLUGGING I | NTERVALS |
| 0 | 5 | Med. to I | ork. Bwn | . Silt&Sand | | | | | |
| 5 | | | | Clay to Slig | htly | 1 | | | |
| | | Silty Sa | and | | | | | | |
| 10 | 15 | Med. Brwi | n Silty S | Sand to Fine | e Sand | 1 | | | |
| 15 | 20 | Lite to I | Dark Tan | Silty Sand | | | | | |
| 20 | 25 | Drk. Brwi | n Sandy S | Silt to Very | Fine S | Sand | | | |
| 25 | 50 | Tan to L: | ite Brwn | Sand | | | | | |
| | | | | | | | manufacture and the second | | - Company and the second secon |
| | | | | | | | | | |
| | | | | | | | | | |
| <u> </u> | | | | | | <u> </u> | | | |
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| | | | | | | | | | |
| - | | | | | | | | | |
| 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) 8 – 15 – 9.4 and this record is true to the best of my knowledge and belief. Kansas | | | | | | | | | |
| | - | | | This Water | | as completed | on (mo/dav/yr) | 8-1 | 6-94 |
| | business na | _ | | & Well, Ind | | by (signa | ature) Flux | 1 C. W | Ultos |
| INSTRU | CTIONS: Use ty | pewriter or ball point p | en. PLEASE PRESS | FIRMLY and PRINT clearly. F | lease fill in blanks | , underline or circle | e the correct answers | Send top three | corres o Kansas Department |
| of Healt | h and Environm | ent, Bureau of Water, | Topeka, Kansas 666 | 20-0001. Telephone: 913-296 | -5545. Send one to | o WATER WELL O | WNER and retain one | for your record | s. U |