| WAIL | K WELL KE | CORD | rorn | 1 W W C-3 | | | | | p. No. | | |
|---|----------------------|--|--|-----------------|--|--|----------------|-------------|-------------------|---|--|
| 1 LOCATION OF WATER WELL: County: Rawlins | | | Fraction NW ¼ | NW ¼ | NE ¼ | Section No. 8 | ımber | Townsh T | nip Number 3 s | Range Number | |
| Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits) located within city? 205 Grant St, Atwood, KS Latitude: N 39.81321° | | | | | | | | | | | |
| 0 XX 4 77 | ED WELL ON | MED. I M C | ha4a1 | | Longitude: W 101.04457° Flourisian: Pim: 2844.11 TOC: 2843.66 | | | | | | |
| 2 WATER WELL OWNER: L.M. Chvatal RR#, St. Address, Box # : P.O. Box 151 City, State, ZIP Code : Atwood, KS 67730 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 24.89 | | | | | | Elevation: Rim: 2844.11 TOC: 2843.66 Datum: NAD83 | | | | | |
| | | | | | | Data Collection Method: legal survey | | | | | |
| 3 LOC | ATE WELL'S | 4 DEPTH OF | COMPLE | TED WEL | L 24.89 | | | | ogui oui (oj | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 24.89 ft. LOCATON MW36 | | | | | | | | | | | |
| | H AN "X" IN | Depth(s) Groun | dwater End | ountered 1 | | | ft. 2 | | ft. 3 | ft. | |
| SECT | TION BOX: | WELL'S STAT | IC WATE | R LEVEL | 19.75 ft. | below lai | nd surfa | ce measu | red on mo/d | ay/yr 5/7/13 | |
| | N | Pump | test data: Well water was ft. after hours pumping gpm | | | | | | | | |
| | × | Est. Yield | Pump test data: Well water was ft. after hours pumping gpm gpm: Well water was ft. after hours pumping gpm | | | | | | | | |
| ⊢ _N | N NE | WELL WATER | R TO BE U | SED AS: 5 | Public wa | ter supply | 8 Ai | r conditio | oning 11 In | jection well | |
| w L | | 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | |
| V | | 2 Irrigation 4 | Industrial | 7 Domestic | (lawn & g | arden) (l | 0) Mon: | itoring w | ell | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, m | | | | | | | | | | | |
| | | | | | | | | | | | |
| | S | | | | | | | | | No X | |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped | | | | | | | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | | | | | | d | |
| (2) PVC 4 ABS 7 Fiberglass Threaded X | | | | | | | | | | | |
| Blank cas | sing diameter | 2 in. to | 9.89 fi | t., Dia | il il | n. to | ft., | Dia | in. | to ft. | |
| 2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 9.89 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.45 ft., Weight lbs./ft. Wall thickness or gauge No. | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) | | | | | | | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify) | | | | | | | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Aspestos-Cement 12 None used (open hole) | | | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauze 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) | | | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 9.89 ft. to 24.89 ft. From ft. to ft. | | | | | | | | | | | |
| SCREEN | -PERFORATEI |) INTERVALS: | From | 9.89 | tt. to | 24.89 | tt. Fro | om | tt. to | ft. | |
| | | | From | | ft. to | | ft. Fro | om | ft. to | ft. | |
| GF | RAVEL PACK I | NTERVALS: | From | 8 | ft. to | 25.10 | ft. Fro | om | ft. to | ft. | |
| | | | From | - | ft. to | | ft. Fro | om | ft. to |)ft. | |
| From ft. to ft. From ft. to ft. 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite (4)Other Concrete: 0-1 ft | | | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1 ft Grout Intervals From 1 ft. to 8 ft. From ft. to ft. From ft. to ft. | | | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | | | |
| | tic tank | 4 Lateral lin | | | 0 Livestoo | | | cticide Si | | 16 Other (specify | |
| | ver lines | 5 Cess pool | | ge lagoon (l | | | | | vater well | below) | |
| | tertight sewer lir | | it 9 Feedy | | 2 Fertilize | | | well/ gas | well | | |
| Direction from well? SE How many feet? 80 ft | | | | | | | | | | | |
| FROM | TO | | OGIC LOC | <u> </u> | FROM | TO | | PLUG | GING INTE | RVALS | |
| 0 | 25.10 Bro | wn silty clay | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | Flushm | ount wa | iver from B | <u>ow</u> | |
| CONT | RACTOR'S OF | D I ANDOWNE | D'S CEDT | TEICATIO | N. This w | | 200 | | ~a) recenstru | atad on (2) wheread | |
| | urisdiction and wa | | | | /13 | | | true to | best of my be | cted, or (3) plugged nowledge and belief. | |
| | ter Well Contractor | | | . This Wat | | cord was co | npleted | on (mord | ay/year) 6 | /5/13 | |
| | usiness name of | | | | by (signatu | | T | 1 | | | |
| NSTRUCT | IONS: Please fill in | blanks or circle the | correct answe | rs. Send top th | ree copies to | Kansas Der | artnent | f Health an | d Environment | , Bureau of Water, | |
| INSTRUCTIONS: Please fill in blanks 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 of the WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell. | | | | | | | | | | | |
| your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell. | | | | | | | | | | | |