| WATE | R WELI | RECORD | Form WWC- | 5 | Division of Water Resources; App. No. | | | |
|---|---|---|----------------------------|--------------|---------------------------------------|----------------------------------|-------------------------|--|
| 1 LOCATION OF WATER WELL: | | | Fraction | | Section Number | Township Number | Range Number | |
| | ity: Roo! | | NE4 SE 1/4 S | | 29 | T 9 S | R 17 12/W | |
| Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 digits) | | | | | | | | |
| located within city? 3 miles East of Plainville, 1/4 SouthLatitude: | | | | | | | | |
| | | | - | | Longitude: | | | |
| 2 WATER WELL OWNER: Calvin Hair | | | | | Elevation: | | | |
| | | ss, Box # : 2365 21. Rd | | - | Datum: | | | |
| City | , State, ZIP | Code : Plainville | . Ks 67663 | ! | | Method: | | |
| | ATE WEI | | • | 70 | Data Conceilor | i Memod. | | |
| 1 | | LLS 4 DEPTH OF COMP | LEIED WELL | . | 1 | ι. | | |
| LOCATION WITH AN "Y" IN Parth (a) Coopyr department (1) 28 A (2) A (2) | | | | | | | | |
| | WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | |
| SEC | SECTION BOX: WELL'S STATIC WATER LEVEL | | | | | | | |
| ļ <u> </u> | Est. Yield. 15 gpm: Well water was ft. after hours pumping gpm | | | | | | | |
| | Est. Yield | | | | | | | |
| | WELL WATER TO BE USED AS: 75 Public water supply WELL WATER TO BE USED AS: 75 Public water supply 1. Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 12 Other (Specify below) | | | | | | | |
| W | W E Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | |
| | | | | | | | | |
| SV | SWSE#- Wy a la min a 1/la a tani a la min a la | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | |
| | | Sample was submitted. | | . water | well disinfected | ? res No | •••• | |
| | S | | | | | | 3.2. | |
| 5 TYPI | | ING USED: 2 5 Wrought I | ron 8 Conc | rete tile | CASI | NG JOINTS: Glued | | |
| l . | | 3 RMP (SR) 6 Asbestos- | | (specify | below) | Welded | | |
| _2 | PVC | 4 ABS 7 Fiberglass | | | | Threaded | | |
| Blank ca | asing diame | eter | ft., Diameter | ir | ı. to fi | t., Diameter | in. toft. | |
| Casing height above land surface1.8 | | | | | | | | |
| TYPE C | F SCREE | N OR PERFORATION MATE | rial: 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: 8 | | | | | | | | |
| 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 | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| | | From | ft. to . | | ft., From . | ft. to | ft. | |
| (CDO | T (| IDVA V | 3 | | 4.04 | | | |
| 1 | | ERIAL: 1 Neat cement 2 (| | | | | | |
| Grout In | | From25 ft. to | | 1 | t. to | ft., From | It. toIt. | |
| | | source of possible contaminati | | 0.7. | 1 10.7 | | 16.04 ('6 | |
| | Septic tank | | | 0 Livesto | • | _ | 16 Other (specify | |
| | Sewer line | 1 | | 1 Fuel sto | | Abandoned water well | below) | |
| | | sewer lines 6 Seepage pit | | | - | ·· · · · · · · · · · · · · · · · | | |
| | | 1? | | | | Di liconio Dim | | |
| FROM | ТО | LITHOLOGIC | LOG | FROM | TO | PLUGGING INT | ERVALS | |
| 0 | 3 | Topsoil | | | | | | |
| 3 | 38 | Gumbo Clay | | | | | | |
| 38 | 52 | Sand | | | | | | |
| 52 | 59 | White Clay | | | | | | |
| 59 | 70 | Shale | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) 1/28/Q9 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 0199 This Water Well Record was completed on (mo/day/year)2/18/09 | | | | | | | | |
| under the business name affect Water Well Drilling & Servcie, byn(signature) | | | | | | | | |
| INSTRIC | CTIONS: 11 | the typewriter or ball point pen. <u>PLEA</u> . | SE PRESS FIRMI V and F | RINT clearly | v. Please fill in blan | ks, underline or circle the or | prrect answers Send ton | |
| three copi | es to Kansas | Department of Health and Environmen | it, Bureau of Water, Geolo | gy Section. | 1000 SW Jackson St | ., Suite 420, Topeka, Kansas | 66612-1367. Telephone | |
| 785-296-5522. Send one to 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/index.html. | | | | | | | | |