| | | | ELL RECORD F | Form WWC-5 | KSA 8 | 2a-1212 | | |
|---------------------------------|-----------------------------------|---------------------|-----------------------|------------------------|-------------------------|---------------------|---|--|
| 1 LOCATION OF WAR | | Fraction NE 1/4 N | E 1/4 SW | i | tion Number | | ip Number | Range Number |
| | on from nearest town o | 1 /7 | . /- | 1/4 | <i></i> | т 9 | <u> </u> | R 27 E/W |
| | st and 4 miles | | | - | | | | |
| | WNER: Harold I | | oxce, Karwa | (Skylin | o Potro | Poum) | · · · · · · · · · · · · · · · · · · · | |
| - | lox # : 1332 Six | • | | (Siegiocit | C 1 0010 | • | of Agriculture | Division of Water Resources |
| | Hoxie, 1 | | 40 | | | | ation Number: | Division of Water Hesources |
| | LOCATION WITH 4 | DEPTH OF COMP | LETED WELL | | | /ATION: | | |
| - | N De | ptn(s) Groundwater | Encountered 1. | | | . 2 | | October 28, 1983 |
| 1 1 | | | | | | | | mping gpm |
| NW | NE Fs | | | | | | | mping gpm mping gpm |
| | Bo | re Hole Diameter | 9 in to | was | 142 # | and | nours pu in | . to |
| ₩ \ | | ELL WATER TO BE | | Public wate | | | | Injection well |
| 7 | ` <u> </u> | 1 Domestic | | Oil field wa | | | • | Other (Specify below) |
| sw | 2E | 2 Irrigation | | | | 10 Observatio | | ····· |
| l Li | Wa | as a chemical/bacte | riological sample su | ubmitted to De | epartment? | YesNo | X; If yes | mo/day/yr sample was sub- |
| 1 | S mit | tted | | | v | Vater Well Disint | ected? Yes | X No |
| 5 TYPE OF BLANK | CASING USED: | 5 V | rought iron | 8 Concre | ete tile | CASING | JOINTS: Glue | d X. Clamped |
| 1 Steel | 3 RMP (SR) | 6 A | sbestos-Cement | 9 Other | (specify bel | ow) | Weld | ed |
| 2 PVC | 4 ABS | | iberglass | | | | | aded |
| Blank casing diameter | er | to J.22 | . ft., Dia | in. to | • • • • • • • • | ft., Dia | • | in. to ft. |
| | | | weight 🛶 | ≒ .8.:.4. | lb: | s./ft. Wall thickno | ess or gauge N | . 1214 |
| | OR PERFORATION M | | | 7 PV | | | Asbestos-ceme | |
| 1 Steel | 3 Stainless ste | | iberglass | | IP (SR) | | , , | |
| 2 Brass | 4 Galvanized | | oncrete tile | 9 AB | S | | None used (op | · |
| 1 Continuous s | DRATION OPENINGS lot 3 Mill si | | | d wrapped | | 8 Saw cut | 1 | 11 None (open hole) |
| 2 Louvered shu | | | 6 Wire w 7 Torch o | • • | | 9 Drilled ho | | 1 |
| SCREEN-PERFORA | -, r | | | | | io Other (sp | | o |
| SONEEN-PENFORA | | | | | | | | ο |
| GRAVEL P | | | | | | | | oft. |
| | | _ | | | | | ft. t | 1 |
| 6 GROUT MATERIA | AL: 1 Neat cem | | ment grout | 3 Bento | nite | | | |
| Grout Intervals: Fro | om 0 ft. | to 1. Q | ft., From | | | | | ft. to |
| | source of possible con | | | | | estock pens | | bandoned water well |
| Septic tank | 4 Lateral li | nes | 7 Pit privy | | 11 Fue | el storage | 1 <u>5 O</u> | il well/Gas well |
| 2 Sewer lines | 2 Sewer lines 5 Cess pool | | 8 Sewage lagoon | | 12 Fertilizer storage | | | ther (specify below) |
| 3 Watertight se | wer lines 6 Seepage | . | 9 Feedyard | 13 Insecticide storage | | | | |
| Direction from well? | Sovi | | | | | any feet? 3 | 00 | |
| FROM TO | | LITHOLOGIC LOG | | FROM | TO | | , LITHOLOG | IC LOG |
| 0 3 | Surface | | | 118 | | Med. Sano | | |
| | y Clay | | | 137 | | Claiche | | |
| | 3/Caliche | | | 138 | 141 | Ochre | | |
| | Clay | | | 141 | 143/9 | Shale | | |
| | 8 Med. Sand | <u></u> | | | | | | |
| | Clay | 1 | | | | | | |
| | Claiche | | | | | | | |
| | O/Clay VFine Sand | | | | | | | |
| | l l | | | | | | | |
| | Clay Fine Sand | | | | | | | |
| | 7Fine Sand 3VCaliche | | | | | | | |
| | fclay | | | | | | | |
| | Med. Sand | | | | | | | |
| | V Caliche | | | | | | | |
| | | CERTIFICATION | This water well was | (1) constru | etad (2) re- | constructed or i | (2) plugged and | or my jurisdiction and |
| Completed on (mo/do | VIVEST OFTOBOL | 0201110A110N: 1 | ı ilis water well was | (1) construc | and this re- | constructed, or (| o best of my limit | er my jurisdiction and was owledge and belief. Kansas |
| | | | | | | | | 8.,. 1984 |
| | ame of Wookte | | | n ⊓ecoia wa | s completed by (sign | | | ν.g. , ε / μ.τ |
| | | | | PRINT clear | | | rline or circle the | correct answers. Send top |
| three copies to Kansa | s Department of Health | and Environment, I | Division of Environm | nent, Environr | nental Geol | ogy Section, Top | eka, KS 66620. | Send one to WATER WELL |
| OWNER and retain of | one for your records. | | | | | <u> </u> | | |

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