| | | WATE | R WELL RECORD | orm WWC- | • | | | |
|---------------------------------------|---|-------------------|---------------------------------------|---------------|---|---------------------------------------|-------------------------------|--|
| LOCATION OF WAT | | Fraction | | . 1 | ction Number | Township Number | Range Number | |
| County: Sheridan | from pagreet town (| SW 1/4 | NW 1/4 SW ddress of well if located | | 20 | <u> </u> | R 27 E(W) | |
| Jistance and direction | nom nearest town c | or city street at | diess of well il located | within Only: | | | | |
| WATER WELL OW | NER: Max Ken | nedy | | | | | | |
| RR#, St. Address, Box | * # : RT. #2 | • | | | | Board of Agriculture | Division of Water Resources | |
| City, State, ZIP Code Hoxie, KS 67740 | | | | | Application Number: | | | |
| LOCATE WELL'S LO | OCATION WITH 4 | DEPTH OF C | OMPLETED WELL | 210 | ft. ELEVA | TION: | | |
| AN "X" IN SECTION | BOX: De | pth(s) Ground | water Encountered 1. | | ft. 2 | | 3 | |
| ī 1 | | | | | | | r | |
| | | Pump | test data: Well water | was | ft. at | fter hours p | umping gpm | |
| NW | NE Est | t. Yield | gpm: Well water | was | ft. at | fter hours p | numping gpm | |
| | Во | re Hole Diame | terin. to. | | | and | n. to | |
| W I | I WE | ELL WATER T | O BE USED AS: | 5 Public wat | er supply | 8 Air conditioning 11 | I Injection well | |
| _ X_ sw | | 1 Domestic | 3 Feedlot 6 | Oil field wa | ter supply | 9 Dewatering 12 | 2 Other (Specify below) | |
| 5,- 2M | 38 | 2 Irrigation | 4 Industrial 7 | Lawn and | garden only 1 | Observation well . | | |
| | Wa | as a chemical/b | pacteriological sample su | ubmitted to D | epartment? Ye | s; If ye | s, mo/day/yr sample was sub- | |
| | mit | tted | | | Wat | ter Well Disinfected? Yes | No | |
| TYPE OF BLANK | ASING USED: | | 5 Wrought iron | 8 Concr | ete tile | CASING JOINTS: Glu | ed Clamped | |
| 1 Steel | 3 RMP (SR) | | 6 Asbestos-Cement | 9 Other | (specify below | v) We | ded | |
| ②PVC | 4 ABS | | 7 Fiberglass | | | Thre | eaded | |
| | | | | | | | . in. to ft. | |
| Casing height above la | and surface | | in., weight | \sim | | t. Wall thickness or gauge | No | |
| TYPE OF SCREEN O | R PERFORATION M | MATERIAL: | | (7)P\ | | 10 Asbestos-cen | | |
| 1 Steel | 3 Stainless ste | eel | 5 Fiberglass | 8 RI | MP (SR) | 11 Other (specify | () | |
| 2 Brass | 4 Galvanized | steel | 6 Concrete tile | 9 AE | S | 12 None used (d | pen hole) | |
| SCREEN OR PERFOR | | | | d wrapped | | 8 Saw cut | 11 None (open hole) | |
| 1 Continuous slo | | - | 6 Wire w | rapped | | 9 Drilled holes | | |
| 2 Louvered shutt | • • | | 7 Torch | | | · · · · · · · · · · · · · · · · · · · | | |
| SCREEN-PERFORATE | | | | | | | toft. | |
| | | | | | | | toft. | |
| GRAVEL PA | | | | | | | toft. | |
| GROUT MATERIAL | | From | ft. to | | ft., Fror | | to ft. | |
| - | | - | 2 Cement grout | | | | ft. to | |
| What is the nearest so | | | IL., FIOIII | | | | Abandoned water well | |
| 1 Septic tank | 4 Lateral li | | 7 Pit privy | | | | | |
| 2 Sewer lines 5 Cess pool | | | 8 Sewage lagoon | | 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) | | | |
| | er lines 6 Seepage | | 9 Feedyard | 0 11 | | delde eterese | | |
| Direction from well? | or mios o coopage | , b | o i occiyala | | How mar | - | | |
| FROM TO | 1 | LITHOLOGIC I | LOG | FROM | ТО | LITHOLO | GIC LOG | |
| | | | ced around wel | .1 | | | | |
| | The casin | g was ext | ended to 36" | | | | | |
| | above gro | und level | and a cap was | 3 | | | | |
| | placed on | it. | | | | | | |
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| CONTRACTOR'S | OR LANDOWNER'S | CERTIFICATION | ON: This water well wa | s (1) constru | icted, (2) reco | nstructed, or 🗗 plugged ui | nder my jurisdiction and was | |
| — completed on (mo/day/ | year) | 17.1.31 | /.Y.b | | and this reco | rd is true to the best of my | nowledge and belief. Kansas | |
| Water Well Contractor' | s License No | | This Water We | ell Record wa | as completed of | on (mo/day/yr) | می ایک | |
| under the business na | | ofter Pun | | | by (signat | | vali | |
| | | | | | | e or circle the correct answers. S | | |
| • | nd Environment, Office of IER and retain one for y | | monmental Geology, Regula | uon and Permi | ung section, lop | oeka, Kansas 66620-7500, Telep | HUHB. 313-002-3300. 38110 UNB | |