| WATER WELL RECORD | Form WV | WC-5 | Division of Wate | r Resources App. No |). L |
|--|-------------------|---------------|--|------------------------|--|
| 1 LOCATION OF WATER WELL: | Fraction | NIVA/ | Section Number 27 | Township No. T 10 S | Range Number |
| County: Riley Street/Rural Address of Well Location; i | 1/4 SE 1/4 SW | direction | Global Positioning | System (GPS) info | $R 7 \boxtimes E \square W$ |
| from peacest town or intersection: If at owner's address, check here I Latitude: 39.153107 (in decimal degrees | | | | | |
| Approximately 3 miles southwest of Manhattan. | | | Longitude: -96.642058 (in decimal degrees) Elevation: unknown | | |
| | | | Elevation: | ulikilowii | |
| 2 WATER WELL OWNER: Wildcat Construction | | | Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27 Collection Method: | | |
| RR#, Street Address, Box #: 4421 West Harry City, State, ZIP Code : Wichita, KS 67277 | | | ☐ GPS unit (Make/Model: WAAS Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | |
| City, State, ZIP Code : Wichita, | NS 0/2// | | Est. Accuracy: | 3 m, 3-5 m, | 5-15 m, >15 m |
| 3 LOCATE WELL | COLUMN TIMES WELL | | | | |
| WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (3) | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered (1) WELL'S STATIC WATER LEVEL 16.90 ft. (2) ft. (3) 9/14/11 ft. | | | | | |
| Pump test data: Well water was Not checked ft. after hours pumping gpm | | | | | |
| W -NWNE- EST. YIELD gpm. Well water was ft. after hours pumping gpm Bore Hole Diameter 12 in. to 42 ft., and in. to ft. | | | | | |
| W ELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | |
| SW SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below) | | | | | |
| Irrigation Industrial Domestic-lawn & garden Monitoring well | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted | | | | | |
| Vater well disinfected? | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | |
| CASING JOINTS: Solved Clamped Welded Threaded Casing diameter in. to ft., Diameter 8 in. to 20 ft., Diameter in. to ft. Casing height above land surface 12 in., Weight 5.59 lbs./ft., Wall thickness or gauge No332 | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | |
| Casing height above land surfaceie, Weightibs./ft., Wall thickness or gauge No552 TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | |
| ☐ Steel ☐ Stainless Steel | | | | | |
| Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 20 ft. to 40 ft., From ft. to ft. | | | | | |
| SUREEN-PERFURATED INTERVALS: From 1t. to 1t., From 1t. to 1t. From ft to ft From ft to ft. | | | | | |
| Fromft. toft., Fromft. toft. GRAVEL PACK INTERVALS: From19 | | | | | |
| | From f | it. to | ft., From _ | ft. 1 | to ft. |
| Grout Intervals: From ft. to | ent Cement grout | ⊠ Bentoni | te U Other | From | ft. to ft. |
| What is the nearest source of possible conta | mination: | | | | |
| Septic tank Lateral lin | es 🔲 Pit privy | Livestock pe | | | ner (specify below) |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well None Known | | | | | |
| Direction from well | | Distance fr | rom well | | |
| FROM TO LITHOLOG | IC LOG | FROM | | | JGGING INTERVALS d letter from Richard |
| 0 3 Topsoil 3 12 Sandy, clay | - | | | | out requirement for |
| 12 42 Sand & gravel, mediu | m | | this proje | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 7 CONTRACTORIS OR LANDOWNER | OS CEDTIEICATION | V. This water | well was 🔽 sonst- | nicted Dresenct | noted or nivered |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 9/14/11 and this record is true to the best of my knowledge and belief. | | | | | |
| Kansas Water Well Contractor's License No185 This Water Well Record was completed on (pro/day/year)9/23/11 | | | | | |
| under the business name of Clarke Well & Equipment, Inc. by (signature) V Lower INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies | | | | | |
| (white, blue, pink) 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 one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at | | | | | |
| http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | | | | |