| | WELL R | | | WWC-5 | | ision of Water | | | | |
|---|--|--|------------|---------------------|---------------------------|--|----------------------------------|-------------------|----------------|--|
| | l Record 🔲 | | | e in Well Use | | ources App. No. | T 1: N 1 | Well ID | NII | |
| 1 LOCATION OF WATER WELL: County: Dickinson | | | Fraction | | ction Number 14 | Township Numb | I | ge Number | | |
| County | y: DICKIN | son | | ¼NW ¼ SE ! | | | | R 3 | B E□W | |
| 2 WELLOWNER: Last Namerris Business: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | | | | | | 2837 Paint Rd | | | | |
| Address: | Charman Va (7/21 | | | | | Chapman, Ks 67431 | | | | |
| City: Chapman State: Ks | | | ZIP: 67431 | | | | | | | |
| 3 LOCAT | | 4 DEPTH | OF COM | PLETED WELL: | . <u>.</u> 5.9 ft | ft. 5 Latitude:(decimal degrees) | | | | |
| | 3 LOCATE WELL WITH "X" IN SECTION BOX: 4 DEPTH OF COMPLETE Depth(s) Groundwater Encounter | | | | Longitude:(decimal degree | | | (decimal degrees) | | |
| _ | 2) | | | | | <u>Horizont</u> | al Datum: 🗆 WGS 84 | | 83 🛚 NAD 27 | |
| | WELL'S STATIC WATER LEVEL: | | | | | yr 18/20 Source for Latitude/Longitude: GPS (unit make/model: | | | | |
| | NE | above land surface, measured on (mo-day-yr | | | -yr <i>j</i> - | | (WAAS enabled? | | | |
| Nw | NE | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| w | E | after hours pumping gp | | | | | | | | |
| sw | SWSE ₄ - | | | Well water was ft. | | | | | | |
| | "* | after hours pumpinggr | | | . gpm | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| | S S | Estimated Yield:20 +gpm Bore Hole Diameter: | | | ft. and | Source: Land Survey GPS Topographic Map | | | | |
| | nile | | | in. to | | ☐ Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic | | | | ter Supply: well ID | | | ield Water Supply: 16 | | | |
| _ | ■ Household 6. □ Dewatering: how many we | | | | | | | | | |
|) == | • | | | charge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| 2. Irrigati | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | 12. Geothermal: how many bores? | | | |
| 3. Feedlo | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Industr | | | Recovery | ☐ Injection | | | (specify): | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | |
| Water well disinfected? Yes □ No | | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ► PVC ☐ Other | | | | | | | | | | |
| Casing diameter | | | | | | | | | | |
| | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Fiberglass ▼ PVC □ Other (Specify) | | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | |
| ☐ Continuous Slot ☑ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| UKAVEL PACK INTERVALS: From | | | | | | | | | | |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | | | |
| Sewer 1 | Lines | | Cess Pool | ☐ Sewage La | | Fuel Storage | | ned Water V | <i>W</i> ell | |
| □ Watertight Sewer Lines □ Seenage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ EAST ■ Northeast □ Distance from well? approx 1200 + | | | | | | | | | | |
| Direction from well? EAST Northeast Distance from well? approx 1200 + | | | | | | | | | | |
| 10 FROM | TO | | ITHOLOG | | FROM | | THO. LOG (cont.) or | | GINTERVALS | |
| 0 | | DARK CI | LAY | | | | | | | |
| 2 | | | | MAROON SHA | LΕ | | | | | |
| 16 | | GRAY SI | | | | | | | | |
| <u>24</u> 35 | 35 | LITE CO | LOR L | IMESTONE | | | | | | |
| | 47 | LITE CO | | | | | | | | |
| 50 | | HARD LI | MESTO | | Notes: | | | | | |
| 50 | 59 | | | TALL | Notes: | | | | | |
| 59 LIMESTONE | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION; This water well was 2 constructed, a reconstructed, or plugged | | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) 8.1.18.20 and this record is true to the best of my knowledge and helief. Kansas Water Well Contractor's License No3.97 This Water Well Record was completed on (mo-day-year) 8.2.120 | | | | | | | | | | |
| Kansas Wa | ter Well Cont | tractor's Lice | ense No | | ater Well Rec | ord was comp | eted en (mo-day-ye | ar) 🤼 🚣 .! | ././. <u>.</u> | |
| under the b | usiness name | ot . L.H.N.L | KALL. KA | NSAS DRILL | neae Danartmant | of Health and E- | vironment Bureau of W. | ater GWTC C | ection | |
| Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | | | | |
| | | | | | | 12 | | Revised | 7/10/2015 | |