| WATER WELL R | | WWC-5 | _ | ision of Water | | MW3 | | |
|--|---|--|---------------------------------|--|----------------------------|----------------------|--|--|
| Original Record | | ge in Well Use | | ources App. No. | | Well ID | | |
| 1 LOCATION OF W | ATER WELL: | Fraction | | tion Number | Township Numb | | | |
| County: GEARY | | SW1/4 NW1/4 SE1/4 | | 12 | T 12 S | R 5 ■E□W | | |
| 2 WELL OWNER: Last Name: SANDERS First: MARK Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: 223 N. WASHINGTON | | | | | | | | |
| Address: | | | | | | | | |
| City: JUNCTIO | State: C11 | Y ZIP: KS | | | | | | |
| 3 LOCATE WELL | A DEPTH OF COM | MPLETED WELL: | 30 ↔ | E Tatitud | . 39 0246 | 55 (decimal degrees) | | |
| WITH "X" IN | | Encountered: 1) | 5 Lautude | 06 920 | (decimal degrees) | | | |
| SECTION BOX: | | | | Longitude:96.82931(decimal degrees) Horizontal Datum: □ WGS 84 ■ NAD 83 □ NAD 27 | | | | |
| N | 2) II. | 3) ft., or 4) [3.4] TER LEVEL: 17.5 | 1 Dry Well | | | | | |
| | WELL SSIATIC WA | TER LEVEL: | 2/14/18 | Source for Latitude/Longitude: | | | | |
| ' ' | | e, measured on (mo-day- | | GPS (unit make/model: | | | | |
| NW ₋ NE | | e, measured on (mo-day-y | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | Pump test data: Well | | | ■ Land Survey □ Topographic Map | | | | |
| W | after hour | 3pm | ☐ ☐ Onli: | Online Mapper: | | | | |
| SW SE | Well water was ft. after hours pumping gpm | | | | | | | |
| | | gpm | 6 Elevatio | n. 991.48 A | . 🗌 Ground Level 📕 TOC | | | |
| | Estimated Yield:gpm Bore Hole Diameter: 8.5 in. to 30 ft. and | | | Source: Land Survey GPS Topographic Map | | | | |
| S | | | | | Other | | | |
| , | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | | ease | | |
| ☐ Household | Dewatering: how many wells? | | | 11. Test Hole: well ID | | | | |
| ☐ Lawn & Garden | | | | | Cased Uncased Geotechnical | | | |
| ☐ Livestock | 8. 🔲 Monitorii | V 3 | 12. Geothermal: how many bores? | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | a) Closed Loop | | | | |
| 3. Feedlot | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Industrial | ☐ Recovery | ☐ Injection | | 13. Other | (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 | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| ☐ Steel ☐ Stainless 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 .20 ft. to .30 ft., From ft. to ft., From ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| a COULT MATERIAL TO THE COURT OF THE COURT O | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete Surface Completion 0 -1 Grout Intervals: From 0 ft. to 1 ft., From 16 ft. o 18 ft. | | | | | | | | |
| Grout intervals: From | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | |
| ☐ Sewer Lines | Cess Pool | ☐ Sewage Lag | goon 📕 | Fuel Storage | | oned Water Well | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | |
| ☐ Other (Specify) Direction from well? | | | | | | | | |
| | | | | | | | | |
| 10 FROM TO | LITHOLO | GIC LOG | FROM | TO LI | THO, LOG (cont.) or | r PLUGGING INTERVALS | | |
| 0 .5 A | SPHALT | | | | | | | |
| .5 12 5 | SILTY CLAY (CL) | | | | | | | |
| | SAND(SW) | | | | | | | |
| 1 30 1 | MINDIONN | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | Notes: | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) 2/1/18 | | | | | | | | |
| Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo-day-year) 226/18 | | | | | | | | |
| Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo-day-year) 226/18 | | | | | | | | |
| 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. | | | | | | | | |
| Visit us at http://www.kdheks | | | KSA 82a-12 | | | Revised 7/10/2015 | | |

