| WATER WELL R | RECORD 1 | Form WW | C-5 | Div | ision of Water | | | | |
|--|---|--|-----------------------------|---|----------------------------------|---|--------------|-------------------|--|
| Original Record | Correction [| Change in W | /ell Use | Reso | urces App. No. | L | Well ID | | |
| 1 LOCATION OF WATER WELL: | | | tion | | | | ge Number | | |
| County: Dickinson | | | 4 SE4 SE4 | | | | | ⊠ E□W | |
| 2 WELL OWNER: L | ast Name: | | | reet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | Wells | • | Jesse | direction from 1 | nearest town or in | tersection): If at owner | r's address, | check here: \star | |
| Address 543 - 1600 Ave | | | | | | | | | |
| City: Enterpri | se st | _{ate} Ks _{ZIP} | 67441 | | | | | | |
| 3 LOCATE WELL | 7 | | | | 1 | | | | |
| WITH "X" IN | 4 DEPTH O | F COMPLE | TED WELL:_ | ft. | 5 Latitud | e: | | (decimal degrees) | |
| SECTION BOX: | Depth(s) Grou | ndwater Encou | ntered: 1) | . | Longitude:(decimal degrees) | | | | |
| N | 2) | ft., or 4) | Dry Well | Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | | |
| | | EVEL: . 23 | | Source for Latitude/Longitude: | | | | | |
|] ' ' | | | ured on (mo-day- | | (| | | | |
| NW NE | | | ured on (mo-day-; vas ft | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| W E | | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| | after hours pumping gpm Well water was ft. | | | | ☐ Online Mapper: | | | | |
| SW SE | after | after hours pumping | | | | | | | |
| | Estimated Yield: 15 gnm | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| S | Bore Hole Dia | Bore Hole Diameter:9 in. to5.3 ft. and | | | | Source: Land Survey GPS Topographic Map | | | |
| mile | | | in. to | ft. | | ☐ Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | 5. □ P | ublic Water Su | pply: well ID | | | ield Water Supply: le | | | |
| Household | | 6. ☐ Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | |
| Lawn & Garden | | ge: well ID | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | |
| Livestock | | 8. Monitoring: well ID | | | | mal: how many bores | | | |
| 2. Irrigation | | | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | | ir Sparge | Soil Vapor E | xtraction | | | | | |
| | | ecovery | ☐ Injection | | ~ | r (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 | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| 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 | | | | | | | | | |
| GRAVEL PACK INTERVALS. From O. A. S II. U | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other. | | | | | | | | | |
| Grout Intervals: From1 | | | | | | | | | |
| Rearest source of possible contamination: Septic Tank | | | | | | | | | |
| Sewer Lines | | ss Pool | Sewage Lag | | Fuel Storage | | | Well | |
| □ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | |
| Direction from well? No | ORTHEAST | | Distance from we | 11?AP.PE | ROX22.0 | ft. | | | |
| 10 FROM TO | LIT | HOLOGIC L | | FROM | | THO. LOG (cont.) or | | GINTERVALS | |
| 0 1 | DARK TOP | SOIL | | | | | | | |
| 1 4 | TAN CLAY | | | | | | | | |
| 4 18 | LITE COL | | & SHATE | | | | | | |
| 18 35 | GRAY CLA | Y | a vunbb | | | | | | |
| 35 38 | HARD LIM | | , | | | | | | |
| 38 42 | GRAY CLA | | LE. | | | | | | |
| | MAROON S | | | Notes: | | | | | |
| 42 47 MAROON SHALE Notes: | | | | | | | | | |
| 52 53 HARD GYPSUM ROCK | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was L constructed reconstructed or plugged | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year)4/.7/.21 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No3.9.7 This Water Well Record was completed on (mo-day-year) 1.16./.2.1 | | | | | | | | | |
| under the business name ofCENTRALKANSASDRILLINGSignature Haudlah W. Marting | | | | | | | | | |
| 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 | s.gov/waterwell/inde | KSA 82a-12 | 12 | ARTER A | Revised | 7/10/2015 | | | |