| | | | WWC-5 | | | on of Water | 1 | !! ** | MW-1 | | |
|--|---|-------------------------|---------------------|---------------------------|---|---------------------------------|-------------------------|-----------|----------------|--|--|
| | | | ge in Well Use | | | ces App. No. | 1 | Well ID | Nh | | |
| 1 LOCATION OF WATER WELL: Fraction | | | | 1 - | Section Number Township Number Range Number | | | | | | |
| County | y: Miami | | NE 1/4 SW 1/4 SE 1/ | | | | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | | | |
| | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: 439 Main Street Address: 439 Main Street | | | | | 32 Main Street | | | | | | |
| City: | Osawato | mio State: Ka | nsazip: 66064 | Osawato | mie, | Kansas 66 | 064 | | | | |
| 2 LOCATE MENT | | | | | 29 400366 | | | | | | |
| WITH " | | | MPLETED WELL: | | 18.0 ft. 5 Latitude: | | | | | | |
| 1 | SECTION ROX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | |
| 1 | 2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL: | | | | | | Z WGS 84 □ NAI | | NAD 27 | | |
| | e, measured on (mo-day | | | | or Latitude/Longitude | | | | | | |
| 1 1 | | | | , measured on (mo-day-yr) | | | ☐ GPS (unit make/model: | | | | |
| 1 | | | vater was ft. | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| | | | pumpinggpm | | | Online Mapper: | | | | | |
| | Well water was | | | | | | | | | | |
| after hours pu | | | rs pumping | 6 Elevation: .867 | | | 867 0 | | 11 - 1 TTOC | | |
| Estimated Yield: | | | gpm | gpm 6 Elevation: | | | π: π. | | 1 Level 10C | | |
| S Bore Hole Diameter: | | | .8.50 in. to!0.0 | 57 Other | | | ☐ Land Survey ☐ © | 3P3 🗆 1 | opograpine Map | | |
| in. to ft. | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic | Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | | | | |
| . = | 2. Irrigation 9. Environmental Remediation: well ID | | | | | | | | | | |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext | | | | | | | | | | | |
| 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? \square Yes \square No | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PPVC Other CASING IOINTS: Glued Clammed Welded Threaded | | | | | | | | | | | |
| Casing diameter 2.0 in to 3.0 ft. Diameter in to ft. Diameter in to ft. | | | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | | | |
| 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 3.0 ft. to 18.0 ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: ☐ Neat cement ☑ Cement grout ☑ Bentonite ☐ Other | | | | | | | | | | | |
| | | | | | | | | | | | |
| Nearest source of possible contamination: Septic Tank | | | | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ 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 fro | | | ? ft. | | | | | | | | |
| 10 FROM | TO | LITHOLO | GIC LOG | FROM | | TO LI | THO. LOG (cont.) or | PLUGGIN | G INTERVALS | | |
| 0 | .50 | Concrete | | | | | | | | | |
| .50 | 1.0 | Gravel | | | | | | | | | |
| 1.0 | 2.50 | Clay, Dk. Grayish, Br | | | | | | | | | |
| 2.50 | 5.0 | Clay, Med. Stiff, Olive | | | | | | | | | |
| 5.0 | 18.0 | Fat Clay, Light Grayi | sh Brown, Moist, St | iff | | | | | | | |
| | | | | | | | , No. or Sec. | : (Jan) | | | |
| Notes: | | | | | | | | | | | |
| Notes: | | | | | | | | | ŠR | | |
| | | | | | | | | | | | |
| 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) 10/04/2017 and this record is true to the best of my knowledge and belief. | | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 606 This Water Well Record was completed on (mo-day-year) .10/25/2017 under the business name of Dakota Technologies Company. L.L.C. | | | | | | | | | | | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. | | | | | | | | | | | |
| KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. | | | | | | | | | | | |
| Visit us at http://www.kdneks.gev/wnterwell/index.istmi KSA 82a-1212 | | | | | | | | | | | |