| WATER WELL I | | WWC-5 | Div | ision of Water | | | | |
|---|---|--------------------------------------|---------------|----------------------------------|---|--|--|--|
| Original Record | | nge in Well Use | Rese | ources App. No. | | Well ID | | |
| 1 LOCATION OF V | | Fraction | Sec | tion Number | Township Number | | | |
| County: WASHIN | | | NE 1/4 | 27 | T 1 S | R 2 ■E□W | | |
| 2 WELL OWNER: | Last Name: HAUSCHEL | First: LARRY | | | | (if unknown, distance and | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: Address: 2565 JADE ROAD | | | | | | | | |
| City: MORRROWVILLE State: KS ZIP: 66958 | | | | | | | | |
| 3 LOCATE WELL | | | 00 0 | | 30 56 357 | NI | | |
| WITH "X" IN | WELL K" IN Depth(s) Groundwater Encountered: 1) | | | | | | | |
| SECTION BOX: | | Depth(s) Groundwater Encountered: 1) | | | | Horizontal Datum: WGS 84 NAD 83 NAD 27 | | |
| N | WELL'S STATIC W | ATER LEVEL:5 | 8 ft. | | Source for Latitude/Longitude: | | | |
| | below land surfa | ce, measured on (mo-day- | yr) 8/27/2019 | | ☐ GPS (unit make/model: MAGELLAN EXPLORIST (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | |
| NW NE - X | above land surface | ce, measured on (mo-day- | ·yr) | | | | | |
| | | water was f | | ☐ Land | | | | |
| W | | ars pumping | | ☐ Onli | ☐ Online Mapper: | | | |
| SW SE | after hou | l water was tars pumping | d. mm | | | | | |
| | Estimated Vield: | | 6 Elevation | 6 Elevation:ft. Ground Level TOC | | | | |
| S | Bore Hole Diameter: 10 in. to 100 ft. and Source: | | | | Land Survey 🔲 G | PS Topographic Map | | |
| 1 mile in. to ft. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | Vater Supply: well ID | | | | ase | | |
| ■ Household □ Lawn & Garden | 6. Dewatering: how many wells? | | | 11. Test Hole: well ID | | | | |
| Livestock | | 7. Aquifer Recharge: well ID | | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop Horizontal Vertical | | | |
| 3. ☐ Feedlot | | ☐ Air Sparge ☐ Soil Vapor Extraction | | | b) Open Loop Surface Discharge Inj. of Water | | | |
| 4. Industrial | ☐ Recover | | | | | | | |
| 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. 265 | | | | | | | | |
| 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 | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 60 ft. to 90 ft. From ft. ft. ft. from ft. from ft. ft. from ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From 25 ft. to 90 ft., From ft. to ft., From ft., From ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Rentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| □ 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 from well? NORTH Distance from well? 200 ft. | | | | | | | | |
| 10 FROM TO | LITHOL | OGIC LOG | FROM | | | PLUGGING INTERVALS | | |
| 0 3 | TOPSOIL | | | | | | | |
| 3 8 | GRAY CLAY | | | | | | | |
| 8 22 | YELLOW & GRAY CLAY | | | | | | | |
| 22 25 | YELLOW & GRAY CLAY & | SANSTONE (YELLOW) | | | | | | |
| 25 44 | YELLOW & GRAY CLAY | | | | | | | |
| 44 60 | YELLOW CLAY & SANDST | ONE (Y) | | | | | | |
| 90 90 90 90 90 90 90 90 90 90 90 90 90 9 | SANDSTONE (Y) | | | | | | | |
| 90 100 YELLOW CLAY | | | | | | | | |
| 11 CONTRACTORIS OR LANDOWNERS CERTIFICATION. TO | | | | | | | | |
| 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) 8/27/2019 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 518 This Water Well Record was completed on (mo-day-year) 10/5/2019 | | | | | | | | |
| under the business name of BLUE VALLEY DRILLING INC. Signature | | | | | | | | |
| 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, GWIS 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.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | |