| WATER WELL RECORD | Form V | Form WWC-5 | | Division of Water Resources App. No. | | | |
|---|--|------------------|--|--|---|----------------------------|--|
| 1 LOCATION OF WATER V County: Harvey | 1/4 V /2 1/4 Si | e 1/4Se1/ | Secti | ion Number | Township No. | Range Number R | |
| Street/Rural Address of Well Location; if unknown, distance & direction Global Positioning System (GPS) information: | | | | | | | |
| from nearest town or intersection: If at owner's address, check here Latitude: | | | | | | (in decimal degrees) | |
| | | | | Longitude: (in decimal degrees) | | | |
| | | | | Elevation: | | | |
| 2 WATED WELL OWNER, D. J. Co. + 1 | | | - Datu | <u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| DD# Charles Address Down # 1806 EY L LONG | | | | Collection Method: | | | |
| 2 WATER WELL OWNER: Robert Long RR#, Street Address, Box #: City, State, ZIP Code: 724 Bobtail | | | | GPS unit (Make/Model:) | | | |
| Newton, Ks67/14 | | | / Eat | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m | | | |
| 3 LOCATE WELL | NEWLON, 75. | S (2 / 119 | List, I | | *************************************** | | |
| WITH AN "X" IN 4 DE | PTH OF COMPLETED WE | LL . 3 0 | | ft. | () | | |
| SECTION BOX: Depth | | | | | | | |
| N WELI | N WELL'S STATIC WATER LEVEL | | | | | | |
| | Pump test data: Well water wasft. after hours pumping | | | | | | |
| EST. YIELD 3-10 gpm. Well water was | | | | | | | |
| W - NW - NE EST. YIELD 3-10 gpm. Well water was ft. after hours pumping gpm Bore Hole Diameter 30 in. to 30 ft., and in. to 60 ft. | | | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | |
| | Domostic Deadlet Doil Settlement Domostic Domostic Double (See 15.1.1.) | | | | | | |
| ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes Yes | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | |
| Water well disinfected? Yes No | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | |
| CASING JOINTS: To Glued Clamped Welded Threaded | | | | | | | |
| CASING JOINTS: Description Clamped Welded Threaded Casing diameter into the Casing height above land surface. Surface in., Weight SDB 26.1bs./ft., Wall thickness or gauge No. 2.4. | | | | | | | |
| Casing height above land surfa | in Weig | ht CDR | 26 1bs / | ft. Wall thic | kness or gauge N | 0.214 | |
| TYPE OF SCREEN OR PERFO | PRATION MATERIAL: | | | , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | inioss of gaage 1 | | |
| ☐ Steel ☐ Stainless St | | Γ | Other (| Specify) | | | |
| ☐ Brass ☐ Galvanized | Steel None used (open | | | (- 15) | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| ☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to 20 ft., From ft. | | | | | | | |
| SUREEN-FERFURATED INTERVALS: From | | | | | | | |
| From. ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From /2 ft. to ft., From ft. to ft. | | | | | | | |
| GRAVEL FACK INTERVALS. FIGHT | | | | | | | |
| From | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | |
| Septic tank | | | | | | | |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well | | | | | | ior (speerly below) | |
| Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well | | | | | | | |
| | | Distance | from w | ell <i>l.2</i> | | | |
| FROM TO LI | THOLOGIC LOG | FROM | ТО | LITHO. LO | OG (cont.) <u>or</u> PLU | JGGING INTERVALS | |
| 0 3 top So | 12 / | | | | | | |
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| 3 10 Cay | | | ···· | | | | |
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| 10 18 Sando | ravel | | | | | , | |
| 1 1 | | | | | | | |
| 18 60 Blue | Shale | | | | | | |
| | The state of the s | | | | | | |
| 60 61 Some | Water | | - | | | | |
| bl Kl Grays | hale | | and the state of t | | | | |
| 1 Le Gray Shale 7 CONTRACTOR'S ORLANDOWNER'S CERTIFICATION: This water well was Deconstructed, reconstructed, or plugged | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 3 - 2 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No | | | | | | | |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) 3 | | | | | | | |
| under the business name of Backhvc | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PMNT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | |
| (white blue pink) to Kansas Department | all point pen. <u>FLEASE PRESS FIRM</u> | un of Water C | learly. Ple | on 1000 CW T- | altern St. Switt 420 | Tanaka Vanaa 66612 1267 | |
| (white, blue, pink) to Kansas Departmen | nt of Health and Environment, Burea | iu of Water, Geo | logy Secti | on, 1000 SW Jac | ckson St., Suite 420, | Topeka, Kansas 66612-1367. | |
| (white, blue, pink) to Kansas Department Telephone 785-296-5524. Send one country://www.kdheks.gov/waterwell/index.l | nt of Health and Environment, Burea opy to WATER WELL OWNER and | iu of Water, Geo | logy Secti | on, 1000 SW Jac | ckson St., Suite 420, | Topeka, Kansas 66612-1367. | |