| WATER WELL RECOR | D Fo | orm WWC-5 | Division of Water | er Resources App. N | Io |
|--|--|--------------------|------------------------|---|-------------------------|
| 1 LOCATION OF WATER County: Harvey | I | 14Se 4NW | Section Number | Township No. T 23 S | Range Number R R W W |
| Street/Rural Address of Wel | istance & direction | Głobal Positioning | | | |
| from nearest town or intersection: If at owner's address, check here | | | | | |
| | Longitude: (in decimal degrees) Elevation: | | | | |
| | | - 00 | <u>Datum</u> : ☐ WGS 8 | 4, □ NAD 83, □ |] NAD 27 |
| 2 WATER WELL OWNER: Jom Ratzlaff | | | Collection Method: | | |
| KK#, Succi Address, Dox # | 501 Norman | n de V | GPS unit (Make/Model:) | | |
| City, State, ZIP Code | 501 Norman Newton, Ko | 20111 | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m | |
| 3 LOCATE WELL | NEWLDY 759 | 01/19 | | э III, <u>□</u> 3-3 III, <u>□</u> |] 3-13 m, >13 m |
| WITH AN "Y" IN 4 D | EPTH OF COMPLETE | D WELL | ft. | | |
| SECTION BOX: Dept | th(s) Groundwater Encour | ntered (1,) | D ft. (2) | . Z.P. ft. (| (3) ft. |
| SECTION BOX: Depth(s) Groundwater Encountered (1) 40 ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL 2.0 ft. below land surface measured on mo/day/yr 4-26-/2 | | | | | |
| Pump_test data: Well water wasft. after hours pumpinggpm | | | | | |
| EST. YIELD. 20gpm Well water was | | | | | |
| $ W $ $ K $ $ E $ Bore Hole Diameter \mathcal{L} in. to ft., and in. to ft. | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | |
| SWSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below) | | | | | |
| ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | |
| | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | |
| Casing diameter | | | | | |
| Casing height above land surface | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Other (Specify) | | | | | |
| | | | J Other (Specify) | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch eut Drilled holes None (open hole) | | | | | |
| Louvered shutter Key punched Wire wrapped Screen-Perforated intervals: From ft. to ft., From ft. to ft. | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to 5.7 ft., From ft. to ft. | | | | | |
| From | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | |
| From ft. to ft., From ft. to ft. | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Dentonite Other. Grout Intervals: From D ft. to 20 ft., From ft. to ft., From ft. to ft., From ft. to ft. | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| Septic tank | | | | | |
| Sewer lines | | | | | |
| Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well | | | | | |
| Direction from well | | Distance | from well3.0.4 | | |
| | LITHOLOGIC LOG | FROM | TO LITHO. LO | OG (cont.) or PLU | JGGING INTERVALS |
| 0 30 Yellow | cay | | | | |
| ba //= 0 | , , , , , , | | | | |
| 30 45 Sand | rwater | | | | |
| 45 70 Blue S | hale | | | | |
| 75 10 1510E S | mure | | | | |
| 70 71 Pagei | 11. 11/2 +21 | | | | |
| 10 11 20001 | ble Water | 3 | | | |
| OI DA Charles | 260.10 | | | | |
| 71 73 Gray S | sijare_ | - | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water well was Constructed as California | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) | | | | | |
| Kansas Water Well Contractor's License No | | | | | |
| building the husiness name of 130 of this of 100 and the training of 130 of the training of | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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. | | | | | |
| Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | |
| KSA 82a-1212 | | | | | |
| 120/1 024 1212 | | | | | |