| | | | | WWC-5 | | | vision of Wat | | | Well ID | | |
|---|--|---|---|---------------------------------|---|--|--|---|--|--------------------------|--------------------------|--|
| ✓ Original Record ☐ Correction ☐ Change in Well Use 1 LOCATION OF WATER WELL: Fraction | | | | | Resources App. No. Section Number Township Num | | | | | | | |
| 1 LOCATION OF WATER WELL: County: Harvey NE 1/4 NE 1/4 SW 1/4 | | | | | | | | | | | | |
| 2 WELL OWNER: Last Name: REARDON First: JASON St | | | | | | Street or Rural Address where well is located (if unknown, distance and | | | | | | |
| | | | | | | lirection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: 325 MATSON CT Address: | | | | | | | | | | | | |
| City: NEWTON State: KS ZIP: 67114 | | | | | | | | | | | | |
| 3 LOCAT | E WELL | | OF CON | APLETED | WELL. | 98 f | 5 I atit | ndo. | 38.0237 | 16 | (decimal degrees) | |
| WITH "X" IN SECTION POY. 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)31. | | | | | | 98. ft. 5 Latitude: 38.023716 (decimal degrees) Longitude: 97.351300 (decimal degrees) | | | | | | |
| 1 | 2) ft. 3) ft., or 4) | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | ft. Source for Latitude/Longitude: | | | | | | |
| below land surface, mea | | | | , measured o | on (mo-day- | ут) 8/25/2019 | ; D(| GPS (unit make/model:) | | | | |
| Xw | NE | Pump test d | Pump test data: Well water was ft. | | | | ! (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | No) | | |
| w - | | | after hours pumping gr | | | | | Online Mapper: | | | | |
| " ' | 1 ' 1 | | Well water was ft. | | | | | | | | | |
| sw | SE | | after hours pumping gpm | | | | | 6 Elevation: 1434ft. ☑ Ground Level ☐ TOC | | | | |
| | S | Estimated Y | Estimated Yield:18gpm Bore Hole Diameter:12 in. to98 | | | | Source: Land Survey GPS Topographic Mar | | | opographic Man | | |
| 1 | S mile | Boie Hole I | in. to | | | | 2 Other KOLAR | | | | | |
| · | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. \[Description Public Water Supply: well ID | | | | | | | | | | | | |
| ☐ House | | 6. | 6. ☐ Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | | | |
| | & Garden | | 7. Aquifer Recharge: well ID | | | | | | ☐ Uncased ☐ | | | |
| . — | Livestock 8. Monitoring: well ID | | | | | | | | : how many bore .oop | | | |
| 2. | | | | | | | | юр 🔲 Surface D | | | | |
| 4. Industrial Recovery Injection | | | | | | | | | pecify): | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑ No If yes, date sample was submitted: | | | | | | | | | | | | |
| | | ? ☑ Yes 🗆 | | | | - | ,, | | | | | |
| 8 TYPE C | F CASINO | USED: DS | teel 171 PV | C Other | | CASI | NG JOINTS | S: 🛛 C | Glued Clampe | d 🗌 Welde | ed Threaded | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 5 in to 98 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 in Weight Wall thickness or gauge No. 26 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☑ PVC ☐ Other (Specify) | | | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| | nuous Slot | Mill Slot | | auze Wrappe | | | | | ther (Specify) | | | |
| Louve | ered Shutter | ☐ Key Punc | hed □ W | ire Wrapped | i 🔲 Sa | w Cut 🔲 🗎 | None (Open I | Hole) | | | | |
| SCREEN-PERFORATED INTERVALS: From .58 | | | | | | | | |) ft. | | | |
| 9 CPOUT | KAVEL PA | AL D Neet | ALS: From | 1 Coment on | t. to | II., From | II. I | io | It., From | H. to |) II. | |
| Grout Interv | als: From | 5 ft to | 98 | f From | | ntonute ∐ ' | ft From | | ft. to | fi | | |
| Nearest sou | rce of possil | ole contaminati | on: | 10, 110, 1 | ••••• | | 10., 1 1011 | | 14. 10 | | | |
| ☐ Septic | | | Lateral Line | | Pit Privy | | Livestock P | | _ | cide Storag | | |
| Sewer | Cess Pool | | | Fuel Storage | | | oned Water | | | | | |
| | ight Sewer L (Specify) | | Seepage Pit | | Feedyard | | Fertilizer St | | | ell/Gas Wel | ī | |
| Direction fro | om well? So | OUTH | | Dista | nce from we | | | | fi | | | |
| 10 FROM | TO | | ITHOLO | | ~ | FROM | TO | | | | NG INTERVALS | |
| 0 | 2 | TOPSOIL | | | | | | | | | | |
| 2 | 33 | CLAY | | | | | | | | | | |
| 33 | 41 | MEDIUM SA | ND | | | | | | WHITE STATE OF THE | | | |
| 41 | 98 | SHALE | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | Notes: | | | | - | | |
| Tives. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 1 | | | | | | | 7 | | | | |
| 11 CONT | RACTOR' | S OR LANDO | OWNER'S | S CERTIF | ICATION | : This wate | r well was | ∠ con | structed, 🔲 rec | onstructed | or plugged | |
| under my i | urisdiction a | S OR LANDO | leted on (n | no-dav-vear | .) .8/25/20: | 15 and | this record | is true | to the best of m | v knowled | lge and belief. | |
| under my j Kansas Wa | urisdiction a iter Well Co | and was comple entractor's Lice | leted on (n ense No | no-day-year 511 | r) .8/25/201 . This Wa | 5 and ter Well Re | this record cord was co | is true mplete | to the best of med on (mo-day-y | y knowled ear) .9/21/ | lge and belief. /2015 | |
| under my j Kansas Wa under the b | urisdiction a ter Well Co usiness nan | and was completent actor's Licenter of Chase. Send one copy to | leted on (nense No Drilling WATER W | no-day-yea 311 /ELL OWNER | 7) .8/25/20 . This Wa | ter Well Red | this record cord was co ords. Fee of \$ | is true mplete 5.00 for | to the best of m | y knowled ear) .9/21/ | lge and belief. /2015 | |