| County Permit | | | | | | | | |
|--|--|------------------------|----------------------------------|--------------------------|---|---|---------------------------------|--|
| WATER WELL RECORD | | Form WWC-5 | | Di | Division of Water Resources App. No. | | | |
| 1 LOCATION OF WATER WELL: County: Sed Gurck | | Fraction 1/4 SW 1/4 No | V 458 4 | Section | on Number 3 / | Township No. T Z S S | Range Number R ∑ E □W | |
| Street/Rural Address of Well Location; if unknown, dista | | | & direction | Globa | Global Positioning System (GPS) information: | | | |
| from nearest town or intersection: If at owner's address, check here \(\mathbb{Z}\) . | | | | | Latitude: (in decimal degrees) Longitude: (in decimal degrees) | | | |
| T- A-Lau | | | | | | | | |
| 2. WATER WELL OWNER. A SOLUTION | | | | <u>Datun</u> | <u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| 2 WATER WELL OWNER: Amy Barny RR#, Street Address, Box #: 320 Steme ridge St | | | | | Collection Method: GPS unit (Make/Model:) | | | |
| City, State, ZIP Code | | | | 🗇 | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| Valley Center Kz | | | | | Est. Accuracy: | | | |
| 3 LOCATE WELL WITH AN "X" IN | "X" IN 4 DEPTH OF COMPLETED WELL4. | | | | | | | |
| SECTION BOX: | DX: Depth(s) Groundwater Encountered (1) | | | | | | | |
| N | WELL'S STATIC WATER LEVEL | | | | | | | |
| | DOM AND D | | | | | | | |
| W NW NE E | Bore Hole Diam | neter/.2in. to . | | .ft., and . | in. | to | .ft. | |
| | | TO BE USED AS: | | | | | Injection well | |
| SW X | ☐ Domestic ☐ Irrigation | | | | | | Other (Specify below) | |
| | Was a chemical | bacteriological sample | e submitted | to Depart | tment? | Yes X No | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| Water well disinfected? ▼ Yes □ No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: A Glued Clamped Welded Threaded Casing diameter ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| Steel Stainless Steel PVC Other (Specify) | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) 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 ft., From ft. to ft. | | | | | | | | |
| From ft. to ft. From ft. to ft. | | | | | | | | |
| From ft. to ft., From f | | | | | | to ft. | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL Grout Intervals: From | —. , | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well | | | | | | | ner (specify below) | |
| Sewer lines Watertight sewer li | Sewage lagoon | | | | ∐Abandoned water well ☐ Oil well/gas well | | | |
| Direction from well East Distance from well 31. | | | | | | *************************************** | | |
| FROM TO | LITHOLOG | IC LOG | FROM | TO | LITHO, LO | OG (cont.) <u>or</u> PLU | IGGING INTERVALS | |
| 2 7 700 | 2 Sail | | 1 | | | | | |
| II 19 Fine | Sand C | lay | | | | | | |
| 19 23 med | | nd / | | | | | | |
| 23 32 m | | | | | | | | |
| 32 40 med | - Course | - Sand | | | | | | |
| | | | | | | | | |
| | | | | | | iginal Return | | |
| | | | | | | | Date: <u>5-17-13</u> | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my invital state and was appreciated an (mg (day/war)) 17/9-173 | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 4.1.2. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 2.1. This Water Well Record was completed on (mo/day/year) 4.1.2. | | | | | | | | |
| under the business name of Chase Dailing by (signature) | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the carrect 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. Sen | d one copy to WAT | ER WELL OWNER and | or water, Geol retain one for | ogy Sectio your recor | on, 1000 SW Jac ds. Include <u>f</u> ee | ekson St., Suite 420. of \$5.00 for each co | onstructed well. Visit us at | |
| http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212 | | | | | | | | |
| 15U/1 040"1414 | | | | | | | | |