| | | RECORD | | WWC-5 | | sion of Water | | | |
|---|---|------------------------|---|---------------------------------------|--|---|---|-----------------------------------|--|
| | | | | ge in Well Use | | urces App. No. | | Well ID | |
| 1 LOCATION OF WATER WELL: Fraction | | | | | | Section Number Township Number Range Number | | | |
| | : SEDGW | | <u></u> | SW 1/4 NW 1/4 NW 1/ | | | | | |
| 2 WELL Business: Address: | OWNER: 1 WARREN | ast Name: NBROS QUA | ALITY HO | First: DMES | Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: 317 NORTH BUCKNER STREET City: DERBY State: KS ZIP: 67037 | | | | | 1380 EAST LOOKOUT CIRCLE, DERBY, KS, 67037 | | | | |
| 3 LOCAT | | 4 DEDTI | | | 70ft. 5 Latitude: (decimal degrees) | | | | |
| WITH "X" IN SECTION POY. Depth(s) Groundwater Encountered: 1) | | | | | | | | | |
| SECTION BOX: 2) | | | | | | Horizon | al Datum: WGS 8 | 4 □ NAD 83 □ NAD 27 | |
| , | WELL'S STATIC WATER LEVEL: | | | | | | Source for Latitude/Longitude: | | |
| | | | | , measured on (mo-day | | ☐ GPS | |) | |
| | | | above land surface, measured on (mo-day- ump test data: Well water was | | | l l | (WAAS enabled? | | |
| | | | | s pumping | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | |
| | an are | | | water was | ft. | | - 11 | | |
| | | | after hours pumping | | | 6 Flevetic | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | |
| L | S Estimated Y Bore Hole D | | | 7gpm 10.5. in to 70 | ft and | | Source: Land Survey GPS Topographic Map | | |
| l . | nile | Boile Hole | | in. to | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic | • | 5. | Public Wa | ater Supply: well ID | | | | ease | |
| | | | | ng: how many wells?. | | 11. Test Hole: well ID | | | |
| | ■ Lawn & Garden 7. ☐ Aquifer Rec ☐ Livestock 8. ☐ Monitoring: | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? | | | |
| , — | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | a) Closed Loop Horizontal Vertical | | | |
| 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapo | | | | | | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 4. 🗌 Industi | 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | |
| 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 5 in to 70 ft., Diameter in to ft., Diameter in to ft., Diameter in to 5. SDR-26 ft. Casing height above land surface 15 in Weight lbs./ft. Wall thickness or gauge No. SDR-26 | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Weight | | | | | | | | | |
| ☐ 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 | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other. | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| | | le contaminat | | | _ | | | | |
| ☐ Septic ☐ Sewer | | | Lateral Line Cess Pool | | | Livestock Pens Fuel Storage | | icide Storage Ioned Water Well | |
| | ight Sewer Li | | Seepage Pit | | | Fertilizer Stora | | ell/Gas Well | |
| Other (| (Specify) | | | | | | | | |
| | | | | Distance from v | | | | | |
| 10 FROM | TO | | LITHOLO | GIC LOG | FROM | TO L | ITHO. LOG (cont.) o | r PLUGGING INTERVALS | |
| 0 | | TOP SOIL CLAY | | | | | | | |
| 49 | 49 58 | MED SAND | | <u> </u> | | | | | |
| 58 | 70 | GRAY SHA | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | J. 5 (1 OII) | | | | | | | |
| | | | | | | | | | |
| Notes: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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) .10/3/2018 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Wa | urisdiction a iter Well Co | mu was comp | ense No | 884 This W | ater Well Rec | ord was com | nue to the best of moleted on (moleted) | (ear) .10/.9/201.8 | |
| Kansas Water Well Contractor's License No. 884 This Water Well Record was completed on (mo-day-year) .10/9/2018 under the business name of WENINGER DRILLING, LLC | | | | | | | | | |
| Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS 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. | | | | | | | | | |
| | | | | | | | for your records. Telep | | |
| Visit us at htt | <u>p. /www.kdhek</u> | s gov/waterwell | index.html | | KSA 82a-12 | 12 | | Revised 7/10/2015 | |