AMW-7

| WA | TER WE | LL RECORD | Form V | VWC-5 | Division of W | ater Resources App. No | o | |
|--|--|------------------------------|------------------|--------------|--|--|---|--|
| | | OF WATER WELL: | Fraction | | Section Number | | Range Number | |
| | County: Sur | | NE 1/4 NW 1/4 SI | E 1/4 NE 1/4 | 6 | T 30 S | R 2 | |
| Street/Rural Address of Well Location; if unknown, distance & direction Global Positioning System (GPS) information: | | | | | | | formation: | |
| | | town or intersection: If at | Latitude: .37.4 | 7397 | (in decimal degrees) | | | |
| | 105 W. Main St., Mulvane, KS | | | | Longitude: 97.24359 (in decimal degrees) | | | |
| | , | | | | | 3.11 | •••• | |
| | CVATERD W | ELL OWNED. | | | | 8 84, 🔲 NAD 83, 🗍 | NAD 27 | |
| | Widwest Oretiane Flocessing Oc. | | | | | Collection Method: | | |
| | C' C TITL C 1 | | | | | ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☑ Land Survey | | |
| 1 | ony, State, 2 | Tulsa, C | DK 74132 | | |] <3 m, | | |
| 3 LOCATE WELL | | | | | | | | |
| | WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 14.70 ft. | | | | | | | |
| S | SECTION BOX: Depth(s) Groundwater Encountered (1).7.5 ft. (2) | | | | | | | |
| | N WELL'S STATIC WATER LEVEL7.10 ft. below land surface measured on mo/day/yr12/28/11 | | | | | | | |
| Pump test data: Well water wasft. after hours pumping | | | | | | | oing gpm | |
| - | EST. YIELDgpm. Well water wasft. after | | | | | | | |
| w | W | | | | | | | |
| F | 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 Monstoring well | | | | | | | |
| - | Was a chemical/bacteriological sample submitted to Department? Yes V No | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| water went districted: 1 tes 141 110 | | | | | | | | |
| 5 TYPE OF CASING USED: Steel V PVC Other | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter .2 in. to .14.70 ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | |
| Casing height above land surface5.6 in., Weight | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel | | | | | | | | |
| ☐ 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: From4.7 ft. to14.7 ft., From ft. to ft. | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From3 | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other ☐ Cout Intervals: From 0.05 ft. to 3 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| | | | | n | ft. to f | t., From | ft. toft. | |
| Wha | | est source of possible conta | | | | 1 | · (· · · · · · · · · · · · · · · · · · | |
| Septic tank □ Lateral lines □ Pit privy □ Livestock pens □ Insecticide storage □ Other (specify below) ✓ Sewer lines □ Cesspool □ Sewage lagoon □ Fuel storage □ Abandoned water well | | | | | | | er (specify below) | |
| Watertight sewer lines Seepage pit Feedyard Fertilizer | | | | | | | | |
| D | irection fro | n well Northwest | | | from well110.ft | | *************************************** | |
| FRO | | LITHOLOG | IC LOG | FROM | | ··· | GGING INTERVALS | |
| 0 | 1.4 | Sandy, silty clay, dark l | orown | | | · / - | | |
| 1.4 | 4 | Sandy silt/silty sand, br | | | | | | |
| 4 | 9 | Sandy, silty clay, lt. red | | | | | | |
| 9 | 10 | Sandy clay, brown | | | | | | |
| 10 | 15 | Silty clay, brown | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) .12/2/11 | | | | | | | | |
| Kansas Water Well Contractor's License No. 416. This Water Well Record was completed on moday/year) 1/23/12. | | | | | | | | |
| under the business name of Terracon Consultants, Inc. 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 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 785-296-5522. 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 Check: ✓ White Copy, ☐ Blue Copy, ☐ Pink Copy | | | | | | | | |