| LOCATION OF WATER WELL: Fraction Y. Y. Y. N. | WATE | R WEI | L RECORD | Form W | WC-5 | Divisio | n of Wate | r Resources App. No |). 40000 | |
|--|--|---|---|-----------------------|---------------|---------------|--------------|---------------------|---|--|
| Street/Rural Address of Well Location, if unknown, distance & direction from nearest twom or intersection: if at owner's address, check here | | | | Fraction | | Section N | lumber | Township No. | Range Number | |
| From nearest town or intersection: If at owner's address, check here Latitude: | Coun | ty: Sun | ner | | | | | | | |
| E. 50th Ave N. and N. Rock Rd. | | | | | | | | | | |
| Belle #3 EAST HOLE | from nearest town or intersection: If at owner's address, check here | | | | | | | | | |
| WATER WELL OWNER: Ron Neises RRM, Street Address, Box #: 409 N. Rock Rd. Girs List (Make/Model: Girs List (Mak | | | | | | | | | | |
| 2 WATER WELL OWNER: Ron Neises RR, Strok Address, Box #. 499 N. Rock Rd. Glips Jair (Make/Model: Glips Jair (Jair (Jai | Hole #3 EAST HOLE | | | | | | : | | ···· | |
| RR#, Street Address, Box #: 499 N. Rock Rd. GiPs util (MatexModel: City, State, ZIP Code Belle Plain, KS 67013 | 2 WATER WELL OWNER: Don Moison | | | | | | | 4, □ NAD 83, □ | NAD 27 | |
| City, State, ZIP Code Belle Plain, KS 67013 | 110111101000 | | | | | Conection | metrod: | re/Model• | \ . | |
| SUCCATE WELL WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1), 15 ft. (2) ft. (3) ft. (3) ft. WELL'S STATIC WATER LEVEL. 15 ft. below land surface measured moviday/yr. Pump test data: Well water was. | C' C TO TO C 1 | | | | | | | | | |
| SECTION BOX: Section Box: A DEPTH OF COMPLETED WELL 45 | ,, | | Delic Fi | SIII, 13 07013 | | Est. Accur | ady: 🗀 < | 3 m, 🔲 3-5 m, 🔲 | 5-15 m, | |
| Depth(s) Groundwater Encountered (1).15. ft. (2). ft. (3). ft. (3). ft. (4). The LEVEL 15. ft. (bow hand surface measured on modday/r. Pump test data: Well water was. ft. after. hours pumping. ggm EST. YIELD.75. ggm. Well water was. ft. after. hours pumping. ggm EST. YIELD.75. ggm. Well water was. ft. after. hours pumping. ggm EST. YIELD.75. ggm. Well water was. ft. after. hours pumping. ggm EST. YIELD.75. ggm. Well water was. ft. after. hours pumping. ggm EST. YIELD.75. ggm. Well water was. ft. after. hours pumping. ggm EST. YIELD.75. ggm. Well water was. ft. after. hours pumping. ggm EST. YIELD.75. ggm. Well water was. ft. after. hours pumping. ggm EST. YIELD.75. ggm. Well water was. ft. after. hours pumping. ggm EST. YIELD.75. ggm. Well. Water was. ft. after. hours pumping. ggm. ggm. YIELD.75. ggm. Well. Water was. ft. after. hours pumping. ggm. ggm. YIELD.75. ggm. Well. Water was. ggm. hours pumping. ggm. ggm. YIELD.75. ggm. Well. Water was. ggm. hours pumping. ggm. ggm. YIELD.75. ggm. Well. Water was. ggm. hours pumping. ggm. ggm. YIELD.75. ggm. Well. Water was. ggm. hours pumping. ggm. ggm. YIELD.75. ggm. Well. Water was. ggm. hours pumping. ggm. ggm. YIELD.75. ggm. Well. Water was. ggm. hours pumping. ggm. ggm. hours pumping. ggm. ggm. yield. ggm. ggm. hours pumping. ggm. ggm. hours pumping. ggm. ggm. hours pumping. ggm. ggm. ggm. ggm. ggm. ggm. ggm. g | 3 LOCATE WELL | | | | | | | | | |
| WELL'S STATIC WATER LEVEL. 15. ft. below land surface measured on molday/yr. NW | | | | | | | | | | |
| Pump test data: Well water was | SECT | | Depth(s) Groundwater Encountered (1).15 | | | | | | | |
| EST. YIELD. 75gpm. Well water was | | N | | | | | | | | |
| Bore Hole Diameter 30 in. to. 45 ft. and in. to in. to ft. WLL WATER TO BE USED As: Public water supply Geothermia Injection well Domestic Feedlot Oil field water supply Monitoring well Mo | | | | | | | | | | |
| WELL WATER TO BE USED As: Public water supply Geothermal Injection well Domestic Feedlot Oil field water supply Monitoring well Monitoring well Monitoring well Was a chemical/bacteriological sample submitted to Department Yes. No If yes, mo/day/yr sample was submitted to Department Yes. No If yes, mo/day/yr sample was submitted to Department Yes. No STYPE OF CASING USED: Steel PVC Other Monitoring well Water well disinfected? Yes No STYPE OF CASING USED: Steel PVC Other Monitoring well Was a chemical/bacteriological sample submitted to Department Yes. No No STYPE OF CASING USED: Steel PVC Other Monitoring well Water well disinfected? Yes No No Wall thickness or gauge No SCH40. Wall thickne | | | | | | | | | | |
| Monitoring well Was a chemical/bacterological sample submitted to Department Yes. No Water well disinfected? Yes. No Water well was Yes. No Water well was Yes. No Water well was Yes. No Yes. No Water well was Yes. No Yes. No Yes. No Water well was Yes. No Yes. Yes | W | W Dole note Diameter yy | | | | | | | | |
| Monitoring well Was a chemical/bacterological sample submitted to Department Yes. No Water well disinfected? Yes. No Water well was Yes. No Water well was Yes. No Water well was Yes. No Yes. No Water well was Yes. No Yes. No Yes. No Water well was Yes. No Yes. Yes | | | WELL WATER | TO BE USED AS: L | J Public wa | ter supply | | cotnermal [1] | njection well | |
| Was a chemical/bacteriological sample submitted to Department | SW | / s | E Domestic | ☐ reediot ☐ | Oil neid wai | er supply | | watering (| Juner (Specify below) | |
| S TYPE OF CASING USED: Steel PVC Other | | | | | | | | | | |
| STYPE OF CASING USED: Steel PVC | | | | | | | | | | |
| STYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 1,6. in. to 4,5. ft. Diameter in. to ft. Diameter in. to ft. Casing height above land surface. 1,2. in., Weight 1,5. Ibs./ft., Wall thickness or gauge No. SCH40. TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify) SCREEN OR PERFORATION OPENINGS ARE: One used (open hole) Other (Specify) SCREEN OR PERFORATION OPENINGS ARE: One used (open hole) Other (specify) | | | | | | | | | | |
| CASING JOINTS: | | | | | | | | | | |
| Casing height above land surface12. in., Weight .15. in. to .45. ft. Diameter in. to ft. Diameter in. to ft. Casing height above land surface12. in., Weight .15. in. bs./ft. Wall thickness or gauge No. SCH40. TYPE OF SCREEN OR PERFORATION MATERIAL: Steel | | | | | | | | •••• | | |
| Casing height above land surface .12. in, Weight .15. lbs./ft., Wall thickness or gauge No. SCH40. TYPE OF SCREEN OR PERFORATION MATERIAL: None used (open hole) Other (Specify) Other (S | CASING | JOINI | or 16 in to 45 | nped Weided | ☐ Inreade | a *a | 4 D | iomatar | in to A | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel | Casing diameter 1.9. In. to | | | | | | | | | |
| Steel Stainless Steel PVC Other (Specify) | TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| Brass Galvanized Steel None used (open hole) | | | | | | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) | ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | |
| Contractor's Or Landowner's Certification: This water well was Constructed, or Plugged under my jurisdiction and was completed on (mo/day/year) Molter Molt | SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From29 ft. to .45 ft., From ft. to ft. From | ☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) | | | | | | | | | |
| From ft. to ft. ft. ft. from ft. to ft. ft. ft. from ft. ft. ft. from ft. to ft. ft. ft. from ft. to ft. ft. ft. from ft. | CODEDNI DEDECODATED INTERVALS. From 25. A to 45. A From 25. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From. 20 ft. to .45 ft. From ft. to .ft. ft. ft. ft. ft. ft. ft. ft. ft. ft | SCREE | IN-I LINI | | | | | | | | |
| From ft. to ft. | 1 | GRAV | EL PACK INTERVALS: | From 20 | ft to 45 | ft. | From | ft. 1 | to ft. | |
| GROUT MATERIAL: Neat cement Cement grout Bentonite Other | From ft to ft From ft to ft | | | | | | | | | |
| Grout Intervals: From .3 | 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| What is the nearest source of possible contamination: Septic tank | Grout Intervals: From 3 ft. to 20 ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well NONE - OPEN FIELD Direction from well Distance from well Distance from well NONE - OPEN FIELD Distance from well Distance from well FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC NOT PLUGGING INTERVALS 27 | What is the nearest source of possible contamination: | | | | | | | | | |
| Watertight sewer lines Seepage pit Feedyard Distance from well | | | | | | | | | | |
| Direction from well Distance from well TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS Clay Clay Medium Gravel Shale TO Shale TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS Clay Contractor's OR LANDOWNER'S CERTIFICATION: This water well was Constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 8/11/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 238 This Water Well Record was completed on (mo/day/year) 08/18/2014 under the business name of Premier Pump & Well Service. Inc | | | | _ ~ ~ ~ | | | | | F - OPEN FIELD | |
| FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 0 27 Clay 27 33 Medium Gravel 33 45 Shale 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 7 constructed, or plugged under my jurisdiction and was completed on (mo/day/year) .8/11/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No238 This Water Well Record was completed on (mo/day/year) .8/11/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No238 This Water Well Record was completed on (mo/day/year) .08/18/2014 under the business name of Premier Pump. & Well Service, Inc. INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fil in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jacksqn St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | _ | | B ****** | *************************************** | |
| 0 27 Clay 27 33 Medium Gravel 33 45 Shale 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was € constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 8/11/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 238 This Water Well Record was completed on (mo/day/year) 18/18/2014 under the business name of Premier Pump & Well Service, Inc. by (signature) 18/18/2014 | | | | | | | | | | |
| 33 45 Shale | | | | IC EOG | INOM | 10 1 2 | TIO. L | od (cont.) of 1 Lo | OOMO MILKIALS | |
| 33 45 Shale 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) .8/11/2014 | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year) .8/11/2014 | | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .8/11/2014 | | | Ondio | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .8/11/2014 | | | ······································ | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .8/11/2014 | | | | | | | | **** | | |
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| under my jurisdiction and was completed on (mo/day/year) .8/11/2014 | | | | | | | | | | |
| under the business name of | under my | jurisdio | ction and was completed or | (mo/day/year) .8/11/ | /2014 aı | nd this recor | d is true t | o the best of my k | nowledge and belief. | |
| 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 one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | Kansas V | Vater W | ell Contractor's License No | This V | Vater Well R | ecord was c | ompleted | on (mo/day/year) | 08/18/2014 | |
| Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | under the | busines | s name of Premier Pun | np.& Well Service, Ir | 1Ç | by (signa | ture) | i.u.a.a. | | |
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