| WATER WELL R | | n WWC-5 | | sion of Water | | MW2 | | |
|---|--|-----------------------------|---|--|---|---|--|--|
| Original Record | | inge in Well Use | | irces App. No. | | Well ID | | |
| 1 LOCATION OF W | | Fraction | | ion Number | Township Numbe | | | |
| County: POTTAW | | SW¼ NW¼ SE | | 34 | T 06 S | R 11 ■ E □ W | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: MIDWEST KANSAS CO-OP ASSOCIATION direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: PO BOX 1 | 045 | | 104 LEONAF | RDST ONA | GA KS | | | |
| Address: City: MANHAT | TAN State: K | S ZIP: 66502 | 104 22014/4 | (5 01., 010) | .O. 1, 110 | | | |
| City: MANHAT | | | 1 | 1 | | | | |
| WITH "X" IN | | OMPLETED WELL: | | 5 Latitude | 39.48840 | (decimal degrees) | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | | | | |
| N | 2) ft. | Dry Well | | Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | |
| | WELL'S STATIC WATER LEVEL: 2.45 ft. | | | | Source for Latitude/Longitude: | | | |
| | below land surface, measured on (mo-day-yr)8/10/17. above land surface, measured on (mo-day-yr) | | | | GPS (unit make/model:) | | | |
| NW NE | | ll water was | | (WAAS enabled? Yes No) | | | | |
| w | after ho | | Land | ■ Land Survey □ Topographic Map □ Online Mapper: | | | | |
| " ' ' | Well water was ft. | | | | Omnie Wapper | | | |
| SW SE | 0 | | | | 1002 50 | _ | | |
| | Estimated Yield:gpm | | | 6 Elevation: 1093.59 ft. ☐ Ground Level ■ TOC | | | | |
| S | | | | Source: ■ Land Survey ☐ GPS ☐ Topographic Map | | | | |
| 1 mile in. to ft. Other | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | Water Supply: well ID | | | | ıse | | |
| Household | 6. Dewate | ring: how many wells? | | | e: well ID | | | |
| Lawn & Garden | | | | | Cased Uncased Geotechnical | | | |
| · = | | | | | 12. Geothermal: how many bores? | | | |
| 1 — 5 | 2. ☐ Irrigation 9. Environmental Remediation: well ID | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | ☐ Recove | | Extraction | | | | | |
| | | | | | | | | |
| 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 | CASIN | G JOINTS: [| Glued Clamped | ☐ Welded ☐ Threaded | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| ☐ Continuous Slot ■ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From .5 ft. to .15 ft., From ft. to ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ■ Other Concrete Surface Completion 0 - 0.85 | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| ☐ Septic Tank | ☐ Lateral L | ines | | Livestock Pens | ☐ Insectici | de Storage | | |
| ☐ Sewer Lines | ☐ Cess Poo | l 🔲 Sewage I | agoon 🔲 F | Fuel Storage | ☐ Abandor | ned Water Well | | |
| ☐ Watertight Sewer Lin | | - | _ | Fertilizer Storage | e 🔲 Oil Well | /Gas Well | | |
| Other (Specify) | | | | | | | | |
| Direction from well? ft. | | | | | | | | |
| 10 FROM TO | | OGIC LOG | FROM | TO LI | HO. LOG (cont.) or I | PLUGGING INTERVALS | | |
| | GRAVEL | • | | | | | | |
| .25 15 S | SILTY CLAY | | | | | *************************************** | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | |
| | | | | | | | | |
| | | | 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) .7/31/17 | | | | | | | | |
| under my jurisdiction ar | nd was completed on | (mo-day-year) .(13.7/.) | (1 and th | nis record is tr | ue to the best of my | enewledge and belief. | | |
| Kansas Water Well Con under the business name | ILLIACTOR'S LICENSE NO | Inis W FNVIRONMENTAL | INC Sim | ra was compl | eied on uno-day | II) GIOUNI. | | |
| Mail 1 white copy alo | ong with a fee of \$5 00 for | each constructed well to: K | ansas Denartment o | of Health and Env | ronment Bureau of | of GWTS Section | | |
| 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. | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | |
| | | | | | | | | |

