| WATER WELL RECORD | | Form V | VWC-5 | Division of Water | er Resources App. No | o. L | |
|--|-------------------------------------|-------------------|--|---|------------------------|----------------------|-------------|
| 1 LOCATION OF WATER WELL: | | Fraction | -r | Section Number | I | Range Number | |
| County: Clay | | | E145E14 | 6 | T B S | R 3 XE | $\square W$ |
| Street/Rural Address of Well Location; if unknown, distance | | | | Global Positionin | | | , |
| from nearest town or intersection: If at owner's address, check here . | | | | Latitude: (in decimal degrees) Longitude: (in decimal degrees) | | | |
| | | | | Elevation: (in decimal degrees) | | | |
| | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | | | | |
| 2 WATER WELL OWNER: Carkon Heating thir (Oction) RR#, Street Address, Box #: 617 Bridge St | | | | Collection Method: | | | |
| City, State, ZIP Code : 6 / 6 | | | ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | | |
| City, State, ZIP Code : Clay Center, Ls. | | | | Est. Accuracy: \square <3 m, \square 3-5 m, \square 5-15 m, \square >15 m | | | |
| 3 LOCATE WELL | | | -2 CF | | | , <u> </u> | - |
| WITH AN "X" IN | 4 DEPTH OF | COMPLETED WE | LL 435. | ft. | | | |
| SECTION BOX: | ft. (2) ft. (3) ft. | | | | | | |
| N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | |
| | ft. after hours pumping gpm | | | | | | |
| W NW NE EST. HELD. 7.7 Sight. Well water was | | | | andin. toft. | | | |
| | | | S: Public water supply Geothermal Injection well | | | | |
| SWSE ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below | | | | | | | |
| ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well | | | | | | | |
| Was a chemical/bacteriological sample submitted to | | | | | Yes 🔀 No | | |
| S If yes, mo/day/yr sample was submitted | | | | ••••• | | | |
| water went distincted: | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | |
| Casing diameter in. to | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| Steel Stainless Steel PVC Other (Specify) | | | | | | | |
| ☐ Brass ☐ Galvantzed Steel ☐ None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch out Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | |
| From | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | |
| From | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage 🕱 Other (specify below) | | | | | | | |
| Sewer lines Cesspool Sewag | | | on Fuel storage Ahandoned water well | | | | |
| ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertiliz | | | Fertilizer sto | orage 🔲 Oil well/g | as well | LOSWG | |
| Direction from well . | | | | rom well | <i>3</i> | | |
| FROM TO | LITHOLOG | IC LOG | FROM | TO LITHO. L | OG (cont.) or PLU | GGING INTERV | ALS |
| · - - - | 1,9 ray | | - | | | | |
| | ey 51/1 | | | 7/ | 1. 6 70 | G P / | |
| 30 65 SM | 1 B | | - | 3/1 | les do 25 | 5 teet | |
| 200 230 12 | MESTONE_ | | | | | | |
| 230 255 Shall | a Trav | | | | | | |
| | 117 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 980 | theran | | | |
| 1.7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This Mater well was □ constructed. □ reconstructed, or □ plugged | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 8/30/Ze/o and this record is true to the best of my knowledge and belief. | | | | | | | |
| Kansas Water Well Contractor's License No. 740 This Water Well Record was completed on (me/day/year) 0.75-200 under the business name of | | | | | | | |
| 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 | | | | | | | |
| | | ER WELL OWNER and | I retain one for yo | our records. Include fe | e of \$5.00 for each c | onstructed well. Vis | it us at |
| http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212 | | | | | | | |
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