|  | NO# ID  |   |  |   |  |  |  |
|--|---|---|--|---|--|--|--|
|  | ELL RECORD  | Form V  | /WC-5  |   | r Resources App. N                             |  |  |
|  | ON OF WATER WEI   | LL: Fraction  | . مومر د   | Section Number                                    |  | Range Number   |  |
|  | Potlawatomic  | NW1/4 5W 1/4 N  | W 1/4 5 E' 1/4                                   | 3,2   | T 9 S  | R 10 ⊠E □W   |  |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  16795 Say Rd  Global Positioning System (GPS) information: Latitude: N 39, 2227 400 (in decimal degrees) Longitude: N 39, 2227 400 (in decimal degrees)                    |   |   |  |   |  |  |  |
|  |   | : If at owner's address, chec                                     | Latitude:  | 2242650   | (in decimal degrees)                           |  |  |
| 1  | 6795 SAY Rd   |   | Longitude: 400.16                                | -01   | (in decimal degrees)                           |  |  |
| WAMEGO KS 66547 (LATA)   |   |   |  | Elevation: 1.081<br>Datum: WGS 84, NAD 83, NAD 27 |  |  |  |
|  |   | s Army Corps of En  | giveers  | Collection Method:                                | 4, ∐ NAD 83, ∟                                 | 1 NAD 27   |  |
| RR#. Str   | eet Address. Box #: K   | - see City District   | ☐ GPS unit (Make/Model: GARM: J                  |   |  |  |  |
| City, Sta  | e. ZIP Code : 60  | ensos City District   | •  | Digital Map/Ph                                    | oto, Topographi                                | ic Map, 🔲 Land Survey  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | Konsos  | City, MO. 641   | 06   | Est. Accuracy: -                                  |  |  |  |
| 3 LOCATE WELL  |   |   |  |   |  |  |  |
| WITH AN  | WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 102.32 ft.                           |   |  |   |  |  |  |
| SECTION  |   |   |  |   |  |  |  |
| 1  | WELL S STATIC WATER ELYED   |   |  |   |  |  |  |
| Pump test data: Well water wasft. after hours pumping gpm  |   |   |  |   |  |  |  |
| EST. YIELDgpm. Well water wasft. after   |   |   |  |   |  |  |  |
| w  | W   |   |  |   |  |  |  |
|  | WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal 🔀 Injection well |   |  |   |  |  |  |
| Domestic Feedlot Oil field water supply Dewatering Other (Specify below)   |   |   |  |   |  |  |  |
| •  |   |   |  |   |  |  |  |
|  |   | emical/bacteriological samp                                       |  |   | Yes 🗌 No                                       |  |  |
| S  |   | es, mo/day/yr sample was su                                       |  | ******  |  | ,  |  |
| 1 m  | Water we  | ell disinfected? 🗌 Yes 🔀  | . No   |   |  |  |  |
| 5 TYPE OF  | CASING USED:  | Steel X PVC   | Other  |   |  |  |  |
| CASING JOINTS: Glued Clamped Welded Threaded   |   |   |  |   |  |  |  |
| Casing diameter  |   |   |  |   |  |  |  |
| Casing height above land surface   |   |   |  |   |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |   |   |  |   |  |  |  |
| ☐ Steel ☐ Stainless Steel      PVC ☐ Other (Specify)   |   |   |  |   |  |  |  |
| ☐ 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 Screen-Perforated Intervals: From Some fit. to Screen fit. From fit. to fit.   |   |   |  |   |  |  |  |
|  |   |   |  |   |  |  |  |
| an an  | A TIPLE DA CHE DIMEDIA  | From  | ft. to   | ft., From   | It.  | to ft.   |  |
| From ft. to ft., From ft. to ft.  GRAVEL PACK INTERVALS: From 10.2' ft. to 78' ft., From ft. to ft.  |   |   |  |   |  |  |  |
| From ft. to ft., From ft. to ft.   |   |   |  |   |  |  |  |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other   |   |   |  |   |  |  |  |
| Grout Intervals: From7.5. ft. to   |   |   |  |   |  |  |  |
| What is the nearest source of possible contamination:  ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage  【※ Other (specify below)  |   |   |  |   |  |  |  |
| ☐ Sept   |   | sspool Sewage lagoon  | ☐ Livestock pe                                   |   |  | ier (specify below)  |  |
|  |   |   | Fertilizer sto                                   | =:  |  |  |  |
| ☐ Watertight sewer lines       ☐ Seepage pit       ☐ Feedyard       ☐ Fertilizer storage       ☐ Oil well/gas well         Direction from well       Distance from well  |   |   |  |   |  |  |  |
| FROM TO  |   | OLOGIC LOG  |  |   |  | JGGING INTERVALS   |  |
| O' 3   |   |   | 1  |   |  |  |  |
| 3' 35  |   |   |  |   |  |  |  |
| 35' 95   |   |   | <del>                                     </del> |   | RECE   | NED  |  |
|  |   | 0 / -   | <del> </del>                                     |   | , - · · · · · · · · · · · · · · · · · ·        |  |  |
| 95' 110  | DRH FINE to L   | Lourse SAUD   |  | ····  | SFP 1  | 2012   |  |
|  |   |   |  |   | SET 1  | LEOIL  |  |
| <del>  </del>  |   |   | -  |   | BUREAU C                                       | NE WATER   |  |
|  |   |   |  |   | BUHEAU   | V  |  |
|  |   |   |  |   |  |  |  |
|  |   |   |  |   |  |  |  |
|  | amonia on vice  | ranga to commercia e com  |  | 11 5-6  |  |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 2 constructed,   reconstructed, or   plugged under my jurisdiction and was completed on (mo/day/year) . 1.1   |   |   |  |   |  |  |  |
| under my jurisdiction and was completed on (mo/day/year). <b>1.11.1.1</b>  |   |   |  |   |  |  |  |
| Kansas Wate  | Well Contractor's Lice  | ense No 3 This  | water Well Red                                   | cord was completed                                | on (mo/day/year)                               |  |  |
| under the bus  | mess name ofDeA.  | RT LongyeaR   | V J DDTX'm 1                                     | by (signature)                                    | My Don   | t amount of the contract of th |  |
| INSTRUCTION  | NS: Use typewriter or ball policy to Kansas Department of                     | oint pen. <u>PLEASE PRESS FIRML</u> Health and Environment Bureau | r and <u>PRINT</u> clear<br>of Water Geologi     | ry. Please fill in blanks v Section 1000 SW Tax   | s and eneck the correct<br>ekson St. Suite 420 | Toneka Kansas 66612-1367   |  |
| (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 785-296-5524. 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 |   |   |  |   |  |  |  |



Google earth

feet 1000 meters 400

A

RECEIVED

SEP 1 1 2012

**BUREAU OF WATER**