| WATE | R WEI | LL RECORD | Form W | WC-5 | Division of Water | Resources App. No |), | |
|--|--|--------------------------------------|---------------|-----------------|--|-------------------|------------------|--|
| 1 LOC | CATION | OF WATER WELL: | Fraction | | Section Number | Township No. | Range Number | |
| | ity: Roo | | 1/4 SE 1/4 SE | | 9 | | R 16 □E ☑W | |
| | Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here \(\overline{\mathbb{Z}} \). Global Positioning System (GPS) information: Latitude: | | | | | | | |
| • | | | | | Latitude: (in decimal degrees) Longitude: (in decimal degrees) | | | |
| 2780 Hwy 18, Natoma, KS | | | | | Elevation: (in decimal degrees) | | | |
| A WATER WELL OWNER | | | | | <u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| 2 WATER WELL OWNER: Wilma Zeigler | | | | | Collection Method: | | | |
| RR#, Street Address, Box #: 2780 Hwv 18 City, State, ZIP Code : Natoma. KS 67651 | | | | | ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| City | , 51410, 2 | natoma | . KS 0/031 | | Est. Accuracy: | | | |
| | 3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 95 | | | | | | | |
| 1 | Η AN "X' ΓΙΟΝ BO | | | | | fi (| 3) # | |
| SEC | N N | Depth(s) Groundwater Encountered (1) | | | | | | |
| | Pump test data: Well water wasft. after hours pumping gpm | | | | | | | |
| N | EST. YIELD. N/Agpm. Well water was | | | | | | | |
| W | W | | | | | | | |
| | WELL WATER TO BE USED AS. Fubility water supply Geotherinal Injection went | | | | | | | |
| SV | SW SE | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No | | | | | | | |
| | S If yes, mo/day/yr sample was submitted | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded | | | | | | | | |
| Casing diameter .5 in. to .95 ft., Diameter in. to | | | | | | | | |
| 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: From | | | | | | | | |
| From | | | | | | | | |
| From ft to ft From ft to ft | | | | | | | | |
| 6 GRO | UT MA | ΓERIAL: Neat ceme | ent | ☑ Bentor | ite Other | | | |
| 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 ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well | | | | | | | | |
| ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well House | | | | | | | | |
| | | | | | | | | |
| FROM | + | LITHOLOG | IC LOG | FROM | TO LITHO. LO | or PLU | IGGING INTERVALS | |
| 3 | 3 24 | Top soil Tan clay | | | | | | |
| 24 | 56 | Sticky, gray clay | | | | | | |
| 56 | 60 | Silty gray clay | | | | | | |
| 60 | 65 | White rock & clay | | | | | | |
| 65 | 76 | Sandy, silty gray clay & | | | | | | |
| 76 | 82 | White rock, clay, & gray | /el | | | | | |
| 82 | 95 | Blue shale | | <u> </u> | | | | |
| | | | mar | | | | | |
| 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) .9-18-14 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/year) 10-2-14 | | | | | | | | |
| under the business name of Rosencrantz- Bemis Ent 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 Depar timent 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. Vi sit us at | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212 Check: White Copy. Pink Copy | | | | | | | | |
| KSA 82a-1212 Check: White Copy, Dink Copy | | | | | | | | |