| NATE | R WEI | LL RECORD | Form W | WC-5 | Division of Water | r Resources App. No | | |
|--|--|------------------------------------|--|--|---|---------------------------------|----------------------------|--|
| | | OF WATER WELL: | Fraction | | Section Number | | Range Number | |
| | nty: Rus | | 1/4 NE 1/4 SE | | 4 | T 11 S | R 14 □E 🗹 W | |
| | | Address of Well Location; i | | Global Positioning System (GPS) information: | | | | |
| | from nearest town or intersection: If at owner's address, check here | | | | Latitude: (in decimal degrees) Longitude: (in decimal degrees) | | | |
| 1/4 | 1/4 North, 2 East of Paradise, KS | | | | | Elevation: (in decimal degrees) | | |
| 2. WATER WELL OWNED. | | | | | <u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| 2 WATER WELL OWNER: Meyer Land & Cattle RR#, Street Address, Box #: PO Box 305 | | | | | Collection Method: GPS unit (Make/Model:) | | | |
| City, State, ZIP Code : Sylvan Grove, KS 67481 | | | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 | | | | | | | 5-15 m, \square >15 m | |
| | CATE WE 'H AN "X | LL "IN 4 DEPTH OF (| OMPLETED WELL | ft | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | 3) ft. | |
| | N | WELL'S STATI | WELL'S STATIC WATER LEVEL24ft. below land surface measured on mo/day/yr9-22-14 | | | | | |
| | | Pump test data: Well water was | | | | | | |
| | W N | EST. YIELD.IN | YIELD. N/Agpm. Well water was | | | | | |
| W L | | | WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | |
| Domestic Feedlot Oil field water supply Dewatering Irrigation Industrial Domestic-lawn & garden Monitoring w Was a chemical/bacteriological sample submitted to Department? Yes | | | | | | supply Dewatering | | |
| | | | | | | nitoring well .Sto | DCK | |
| 1 | S | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: 🗹 Glued 🗌 Clamped 🔲 Welded 🗎 Threaded | | | | | | | | |
| Casing diameter .5 in. to .63 ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to | | | | | | | | |
| Casing height above land surface18 | | | | | | | | |
| 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 | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other | | | | | | | | |
| 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 | | | | | | | er (specify below) | |
| Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Creek | | | | | | | | |
| Direction from well East Distance from well 50ft | | | | | | | | |
| FROM | TO 3 | LITHOLOG | IC LOG | FROM | TO LITHO. LO | OG (cont.) or PLU | GGING INTERVALS | |
| <u>0</u> 3 | 31 | Top soil Brown clay | | | | | | |
| 31 | 36 | White rock & clay | | | | | | |
| 36 | 63 | Shale | | | | | | |
| | | | - Continue and the cont | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| 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) .9-22-14 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) | | | | | | | | |
| INSTRU | CTIONS: | Use ty pewriter or ball point pen. | PLEASE PRESS FIRMLY | and PRINT clea | rly. Please fill in blanks | and check the correct | answers. Send three copies | |
| (white, blue, pink) to Kansas Depar tment of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. 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, Blue Copy, Pink Copy