| WATER WELL RECORD Form WWC-5 | | | | | D | ivision of Water | r Resources App. N | o. L | | |
|--|--|---|------------------------|---------------------------------|------------|---|--|----------------|------------------|--|
| | | | Fraction | | | Section Number Township No. | | | Range Number | |
| County: Lin Coln | | 1/4 SW 1/4 5 | E 1/4 SE 1/2 | á | 71 | T 12 S | R Jo | □E K IW | | |
| Street/Rural Address of Well Location; if unknown, distance & direction | | | | | | al Positioning | System (GPS) ir | formation: | | |
| from nearest town or intersection: If at owner's address, check here . | | | | | | Global Positioning System (GPS) information: Latitude: | | | | |
| 308 west old Hwy18 | | | | | Long | Longitude: 98° 23' 48.76" (in decimal degrees) | | | | |
| Sylvan Grove Ks 67481 | | | | | Eleva | Elevation: | | | | |
| 2 WATER WELL OWNER: USOR Stove Gilmore RR#, Street Address, Box #: 500 0513. Room 41/4-5 | | | | | | Collection Method: | | | | |
| RR#, Street Address, Box #: ATN: 37786 | | | | | | GPS unit (Make/Model:) | | | | |
| RR#, Street Address, Box #: ATN: Store G. Inore RR#, Street Address, Box #: Stop 0513, Room 47/4-5 City, State, ZIP Code: 1400 Independence Avenue, 5w Washington, DC, 20250-05/3 | | | | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | | |
| | | Washington, De | 1, 20250-051 | 3 | Est. A | Accuracy: < | 3 m, 🗌 3-5 m, 🔲 | 5-15 m, [|] >15 m | |
| 3 LOC | | ELL / DEPTH OF | COMBLETTED THE | ·r .5 | .5 | 4 | | | | |
| | WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL 55 ft. Depth(s) Groundwater Encountered (1) | | | | | | | | | |
| | N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | | | |
| Pump test data: Well water wasft. afterhours pumpinggpm | | | | | | | | | | |
| EST. YIELDgpm. Well water wasft. after | | | | | | | | | | |
| W E Bore Hole Diameter | | | | | | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | | | | |
| Domestic Feedlot Oil field water supply Dewatering Other (Specify below) | | | | | | | | | | |
| | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | | | |
| water well distincted: 1 Tes 110 | | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel X PVC Other | | | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | |
| Casing diameterin. toin. toin. toft., Diameterin. toft. | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | |
| 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 ☐ Saw cut ☐ Other (specify) | | | | | | | | | | |
| SCREE. | 14-1 (5/4) | ORATED INTERVALS. | From | ft to | | II., FIOM | | .0 to | 1L. | |
| | GRAV | EL PACK INTERVALS: | From. 42 | ft. to 5 6 | <i>,</i> | ft. From | fr 1 | to | ff. | |
| | | | From | ft. to | | ft., From | ft. t | io | ft. | |
| From | | | | | | | | | | |
| Grout In | tervals: | From ft. to | | n 56 | ft. to | 6.0 ft., | From | . ft. to | ft. | |
| What is the nearest source of possible contamination: | | | | | | | | | | |
| | ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) | | | | | | | | | |
| | Sewer li | nes Cesspool ht sewer lines Seepage pi | Sewage lagoon | ☐ Fuel storag ☐ Fertilizer s | , | ☐ Abandoned☐ Oil well/gas | | | | |
| | | n well | | _ | _ | | | ••••••• | | |
| FROM | TO | LITHOLOGI | | FROM | TO | | G (cont.) or PLU | GGING IN | VTERVALS | |
| 0 | 10 | Brown Clay | | | | | | • | | |
| 10 | 32 | Tam Sand w/cley | | | | | ······································ | | | |
| 32 | 42 | Red Clay | | | | | | | | |
| | 60 | Tein Sinch | | | | | | | | |
| | | · · | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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) .7-1/1-1/3 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No | | | | | | | | | | |
| Kansas W | vater W | ell Contractor's License No | | vater Well R | ecord wa | as completed | on (mo/day/year) | /(.7.7. | ٠.۶ | |
| under the | DUSINES | s name of .Boart | DI FACE DEFCE FIRM | and PDINIT AL | . by (SI | ignature) de | and check the same | ancwers C. | and three conice | |
| (white, blue | e, pink) to | Kansas Department of Health a | nd Environment, Bureau | of Water, Geolo | gy Section | n, 1000 SW Jack | son St., Suite 420, T | opeka, Kans | as 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 | | | | | | | | | | |
| http://www. | .kdbeks.ge | ov/waterwell/index.html. | | | | | | | . 1 | |

