| WATE | R WE | LL RECORD × | DID 5 Form V | VWC-5 | Г | Division of Wate | er Resources App. No | | |
|--|--|--|-------------------------|--------------------------------|--|--|-------------------------------|--------------------------|--|
| | | OF WATER WELL: | Fraction | | | | Township No. | | |
| | | Aline | SE 45W 4N | w/4 4 | | | | R 3 □E ZW | |
| Stre | et/Rural | Address of Well Location | | | Glob | al Positioning | System (GPS) inf | formation: | |
| fron | nearest | town or intersection: If some Saute Fi | at owner's address, che | Latin | Clobal Positioning System (GPS) information: Latitude: 36 56 1 (in decimal degrees) Longitude: 77 36 35 W (in decimal degrees) | | | | |
| Calina VC 67401 | | | | | | ration: | 1.2.22 | | |
| 2 WATER WELL OWNER: MATA don CATILE Co. Datum: WGS 84, NAD 83, NAD 27 Collection Method: | | | | | | | | | |
| RR | 2 WATER WELL OWNER: MATA don CATILE Co. RR#, Street Address, Box #: 4111 E. 37 Th St. North City, State, ZIP Code : 4111 E. 37 Th St. North | | | | | | | | |
| City | , State, 2 | ZIP Code : 4111 | HA KS 6 | 7220 | | Digital Map/Ph | noto, Topographic 3 m, 3-5 m, | Map, Land Survey | |
| 3 LOC | ATE WI | | | | | | |)-13 III, >13 III | |
| WIT | H AN "X | | F COMPLETED WE | | 20 |) / ft. | | | |
| SEC | SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | | |
| | Pump test data: Well water was ft. after hours pumping gpr Figure 1 ft. after hours pumping gpr Figure 2 ft. after hours pumping gpr Figure 2 ft. after hours pumping gpr Figure 3 ft. after hours pumping gpr Figure 4 ft. after hours pumping gpr Fi | | | | | | | | |
| N | | | | | | | | | |
| w x | | E Bore Hole Dia | ameter Sin. to | | ft., and | in. | tof | t. | |
| | | WELL WATE | ER TO BE USED AS: | ☐ Public wa | ter supp | oly 🔲 Ge | othermal [] In | jection well | |
| S' | w s | E Domestic | ☐ Feedlot ☐ | Oil field wa | ter supp | oly De | ewatering 20 | ther (Specify below) | |
| | ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well . CAT. RACT. I.O. | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | | |
| water went districted: 1 tes 63 No | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other STAIN IFS S STEET | | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing neight above land surface | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| ☐ Steel ☑ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | | |
| 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) | | | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. | | | | | | | | | |
| From | | | | | | | | | |
| | | | | | | | | | |
| From | | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Class H. Silica Flour Grout | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| | the near | ist source of possible con | manimation. | | | | | | |
| | Septic ta | | lines Pit privy | ☐ Livestock ☐ Fuel storage | | Insecticide | storage Drotte | r (specify below) | |
| | | ht sewer lines Seepage | | Fertilizer s | | Oil well/ga | | DA | |
| | | n well | | | | | | , | |
| FROM | TO | | GIC LOG | FROM | TO | | | GING INTERVALS | |
| () | 64 | CLNCPU-TE | | | | | | | |
| 6 x | 27' | Silty Clay + | | | | | | | |
| | | | 10 WN | | | | | | |
| a7' | 50 | SAMO | | | | | | | |
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| _ | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 13 This Water Well Record was completed on (mo/day/year) | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) | | | | | | | | | |
| Kansas | Water W | ell Contractor's License | Nog. 11.13 This | Water Well R | ecord v | vas completed | on (moletay/year). | 6,9124,14 | |
| under th | e busines | is name of | LIMMY DENVI | <u> </u> | by (: | signature) (| T. U. M | W | |
| INSTRUC | . HONS: Kansas De | Use typewriter or ball point p | on. PLEASE PRESS FIRML | <u>, r</u> and <u>PKINT</u> cl | early. Plo non SW | ease till in blanks Jackson St. Spite | and theck the correct at | iswers. Send one copy to | |
| Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 40, 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 | | | | | | | | | |

