| 3 <i>5/ A</i> TE 1 | o wri | LL RECORD | Form W | WC-5 | D | ivision of Wate | r Resources App. No | 28072 & 33739 | |
|---|--|--|---------------|---|-------------|--|---------------------|------------------|--|
| | | OF WATER WELL: | | WC-3 | | | Township No. | Range Number | |
| | ty: Ells | | | 1/4 SW 1/4 | | 21 | T 17 S | R 9 □E ☑W | |
| Street | Rural A | Address of Well Location; | | | | Global Positioning System (GPS) information: | | | |
| from | from nearest town or intersection: If at owner's address, check here | | | | | Latitude: (in decimal degrees) | | | |
| 3/4 South, 1/4 West of Lorraine | | | | | | Longitude: (in decimal degrees) | | | |
| | | | | | | Elevation: | | | |
| 2 WATER WELL OWNER: Melvin Splitter Family Trust | | | | | | Datum: WGS 84, NAD 83, NAD 27 | | | |
| | | Address, Box #: 2275 9 | | | | Collection Method: GPS unit (Make/Model:) | | | |
| | TD C 1 | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | | | |
| City, State, ZIP Code : Lorraine, KS 67459 | | | | | | | | | |
| LOCATE WELL 4 PERTU OF COMPLETED WELL 268 | | | | | | | | | |
| | | N "X" IN 4 DEPTH OF COMPLETED WELL 268 ft. Depth(s) Groundwater Encountered (1) ft (2) ft (3) | | | | | | | |
| SECT | Depth(s) Groundwater Encountered (1) | | | | | | | | |
| | Pump test data: Well water was 138 | | | | | | | | |
| | FST VIFI D 1146 gpm Well water was 147 ft after 4 hours numping 1146 gpm | | | | | | | | |
| w NW | P 11 - D 28 268 4 | | | | | | | | |
| " | | | | | | | | | |
| - 50 | Domestic Feedlet Oil field water supply Dewatering Other (Specify below) | | | | | | | | |
| | ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well | | | | | | | | |
| <u></u> | Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | | |
| water wen disinfected: Ly Tes 140 | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel V PVC Other | | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter .16 in. to .268 ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | | |
| Casing height above land surface 18 in., Weight Sch 40 lbs./ft., Wall thickness or gauge No. | | | | | | | | | |
| 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 | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| From | | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below) | | | | | | | | | |
| | Sewer lin | | Sewage lagoon | | | | i water well | a | |
| ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well None Direction from well | | | | | | | | | |
| FROM | TO | LITHOLOG | | FROM | TO | | | IGGING INTERVALS | |
| 0 | 3 | | ic Eog | 105 | 120 | Shale & sa | | CONTO INTERVALS | |
| 3 | 20 | Hard clay | | 120 | 135 | | good, soft, clear | 1 | |
| 20 | 45 | Soft clay | | 135 | 138 | Shale | | | |
| 45 | 50 | Sandy clay | 138 | 235 | | ndrock- good, clean w/ a little | | | |
| 50 | 80 | Soft sandrock | | | iron pyrite | | | | |
| 80 | 81 | Fine clay | 235 | 240 | Sandrock | | | | |
| 81 | 85 | Soft sandrock | 240 | 268 | | good, clean w/ir | on pyrite | | |
| 85 | 86 | Shale | | | | | | | |
| 86 | 90 | Yellow clay | | | | | | | |
| 90 | | | | | | | | | |
| 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) .61515 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) 7-1-15 | | | | | | | | | |
| under the business name ofRosencrantz- Bemis Ent Inc | | | | | | | | | |
| 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 | | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html | | | | | | | | | |