| | WELL R | | WWC-5 | | ision of Water | | | | |
|--|---|------------------------|---|--|------------------|------------------------------------|--------------|-----------------|--|
| | l Record | | e in Well Use | | ources App. No. | | Well ID | | |
| 1 LOCATION OF WATER WELL: | | | Fraction | | | | | ge Number | |
| | y: Barton | | 1/4 SE 1/4 NE 1/4 | | | | | | |
| 2 WELL OWNER: Last Name: Kirmer First: Benn M. Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | |
| Business: | | | | direction from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: P O Box 37 Address: 3S of Claflin, KS | | | | | | | | | |
| | | | | | | | | | |
| City: | Claflin | State: NO | ZIP: 67530 | | | | | | |
| 3 LOCAT WITH " | | 4 DEPTH OF COM | 70 ft. 5 Latitude:(decimal degrees) | | | | | | |
| 1 | N BOX: | Depth(s) Groundwater | | | | | | | |
| 1 | N BUA: | 2) ft. 3 | □ Dry Well Horizontal Datum: □ WGS 84 □ NAD 83 □ NAD 27 | | | | | | |
| | | WELL'S STATIC WA | TER LEVEL:5.9 | Source for Latitude/Longitude: | | | | | |
| | [| below land surface. | , measured on (mo-day- | yr)07/05/16 | · GPS | GPS (unit make/model:) | | | |
| NW NE -> □ above land surface, | | | , measured on (mo-day- | yr) | . | (WAAS enabled? ☐ Yes ☐ No) | | | |
| | | Pump test data: Well w | | | ☐ Lan | ☐ Land Survey ☐ Topographic Map | | | |
| l w | E | | s pumping | | ☐ Online Mapper: | | | | |
| sw | SF | | vater was fi | | | | | | |
| after hours | | | oumping gpm | | | n. A | r □ Ground | LLevel □ TOC | |
| Estimated Yield:8. | | | gpm 70 | | 6 Elevation: | | | | |
| S Bore Hole Diameter: | | | 9 in. to! | | | | Other | | |
| | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic | - , | | | | | 10. Oil Field Water Supply: lease | | | |
| | ■ Household□ Lawn & Garden6. □ Dewatering: how many wells?7. □ Aquifer Recharge: well ID | | | | | | | | |
| . — | | | | | | | | | |
| Livesto | | 9. Environmenta | | | | | | | |
| 2. Irrigati | | | | | | | | | |
| 3. Feedlo | | ☐ Air Sparge | • | xtraction | | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? ■ Yes □ No | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface in. Weight | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ■ Saw Cut ☐ None (Open Hole) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From .50 ft. to .70 ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From23 ft. to70 ft., From ft. to ft., From ft. ft. o ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| ☐ Septic | | ☐ Lateral Line | | | Livestock Pens | | cide Storage | | |
| ☐ Sewer | | ☐ Cess Pool | ☐ Sewage Lag | | Fuel Storage | | oned Water | | |
| | ight Sewer Lir | | | | Fertilizer Stora | ge 🔲 Oil Wo | ell/Gas Well | | |
| Direction from well? ft. | | | | | | | | | |
| | 1 | | | | | | | G D IMPDILL I G | |
| 10 FROM | TO | LITHOLOG | GIC LOG | FROM | TO L | THO. LOG (cont.) o | r PLUGGIN | GINTERVALS | |
| 0 | | op sand | | 1 | | | | | |
| 7 | | soft clay | | | | | | | |
| | | nard bottom | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | Notes: | | | | | |
| | | | | | | | | | |
| | | | | 7 | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) .0.1/05/16 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Wa | iter Well Con | ntractor's License No1 | 86 This Wa | ter Well Re | cord was comp | leted on (mo-day-y | (ear) .07/06 | 6/16 | |
| under the b | usiness name | e of Kelly's Water We | ell ServiceInc | Si | gnature | thum & | Good. | | |
| Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, | | | | | | | | | |
| 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | |