| SureyRund Address of Well Location; if unknown, distance & Edited Color from nearest town or intersection: If at cowner's address, check here | WATER WELL RECORD | Form WWC-5 | Division of Water Resources App. No. | |
|--|--|--|--|--|
| Stret/Ruml Address of Well Location; if unknown, distance & direction from nearest twom or intersection: if at owner is address, check here | | Fraction | Section Number Township No. Range Number | |
| from nearest town or intersection: If at owner's address, check here Latitude: | | | | |
| Section Continuous adoi: District Continuous adoi: District Casing highest above land surface. 12 District Distric | | | | |
| 2 WATER WELL OWNER: Dale Sader RR, Stretch Address, Bow \$1 2317 f8th Ave. City, State, ZIP Code | Elevation: | | | |
| GPS unit (Make/Model | 2 WATER WELL OWNER: Date Co. | 4 | | |
| Color State, ZIP Code | Daily Ca | | | |
| 3 LOCATE WELL WITH AN "X" IN SECTION BOX: N SECTION BOX: SECTION BOX: N SECTION B | at a grant | | Digital Map/Photo. Topographic Map. Land Survey | |
| WITH AN "X" IN SECTION BOX: phelic (Groundwater Encountered (1) ft. (2) ft. (3) ft. (3) ft. SECTION BOX: phelic (Groundwater Encountered (1) ft. (2) ft. (3) ft. (3) ft. (3) ft. (3) ft. (4) ft. below land surface measured mor/day/yr mupping gpm Pump test data: Well water was ft. after hours pumping gpm Pump test supply Devatering of Content was pumping gpm Pump test supply Devater was ft. after hours pumping gpm Pump test supply Devater was ft. after hours pumping gpm Pump test su | Linasbo | 19, NO 07450 | Est. Accuracy: | |
| SECTION BOX: N N N N N N N N N N N N N | | 20 | | |
| Number Part | WITH AN "X" IN 4 DEPTH OF C | COMPLETED WELL 29. | t. | |
| Number Part | SECTION BOX: Depth(s) Ground | BOX: Depth(s) Groundwater Encountered (1) | | |
| EST. YELD 3.5gpm. Well water was | WELL'S STATE | WELL'S STATIC WATER LEVEL!tt. below land surface measured on mo/day/yr | | |
| Bone Fiole Diameter .9. in to .38. ft, and in to .1 ft injection well Domestic Domes | 1 1 1 1 1 | 1 1 1 | | |
| WELL WATER TO BE USED AS: | | | | |
| Sw. SB | | | | |
| Irrigation Industrial Domestic-lawn & garden Monitoring well | I III Domostio | ☐ Feedlot ☐ Oil field v | rater supply Dewatering Other (Specify below) | |
| STYPE OF CASING USED: Steel PVC Other | | | | |
| Water well disinfected? | | | | |
| STYPE OF CASING USED: Steel PVC Other CASING JOINTS: Didued Clamped Welded Threaded Casing diameter 5. in. to | | | | |
| CASING JOINTS: | Water well disinfected? ✓ Yes □ No | | | |
| Casing diameter 5. in. to .28. ft., Diameter in. to ft. Diameter in. to ft. Casing height above land surface 12. in., Weight .2.37 lbs./ft., Wall thickness or gauge No0.214 TYPE OF SCREEN OR PERFORATION MATERIAL: Steel | | | | |
| Casing height above land surface. 12. in., Weight 2.37. lbs/ft, Wall thickness or gauge No. 0.214. TYPE OF SCREEN OR PERFORATION MATERIAL: Steel | CASING JOINTS: Glued Clam | nped 🗌 Welded 🔲 Threa | led | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Mone used (open hole) | Casing diameter | | | |
| Steel Stainless Steel PVC Other (Specify) | | | | |
| Brass Galvanized Steel None used (open hole) | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Saw out Other (specify) | Steel Stainless Steel PVC Other (Specify) | | | |
| Continuous slot | | | | |
| SCREEN-PERFORATED INTERVALS: From | Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) | | | |
| From ft to ft ft of ft o | Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | |
| GRAVEL PACK INTERVALS: From ft. to ft. From ft | SCREEN-PERFORATED INTERVALS: From | | | |
| From. ft. to ft. From ft. to f | CDAVET DACK DITEDUALS. From St. to | | | |
| GROUT MATERIAL: Neat cement Cement grout Grout Intervals: From 9 ft. to 20 ft., From ft. to ft. ft. o ft. ft. from ft. to ft. ft. o ft. ft. ft. ft. o ft. ft. ft. ft. o ft. | | | | |
| Grout Intervals: From 9 ft. to 20 ft., From ft. to ft., From ft. to ft. From ft. From ft. To ft. From ft. From | 6 CROUT MATERIAL: Nest cement Cement grout 7 Rentonite Other | | | |
| What is the nearest source of possible contamination: Septic tank | Grout Intervals: From 0 ft. to | 20 ft. From | ft. to | |
| Sewer lines | What is the nearest source of possible conta | mination: | | |
| Watertight sewer lines Seepage pit Feedyard Distance from well North | ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below) | | | |
| Direction from well .25. Distance from well .North. FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 0 2 Topsoil 2 28 Clay. Brown 28 31 Clay. Gray 31 34 Shale, Fractured 34 40 Shale, Blue 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)5/19/09 | | | | |
| FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 0 2 Topsoil 2 28 Clay. Brown 28 31 Clay. Gray 31 34 Shale, Fractured 34 40 Shale, Blue 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, reconst | | | Storage Cir Well Bas Well | |
| 0 2 Topsoil 2 28 Clay, Brown 28 31 Clay, Gray 31 34 Shale, Fractured 34 40 Shale, Blue 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) . 5/19/09 | | | | |
| 28 31 Clay, Gray 31 34 Shale, Fractured 34 40 Shale, Blue 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)5/19/09 | | IXOM | The state of the s | |
| 31 34 Shale, Fractured 34 40 Shale, Blue 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)5/19/09 | | | | |
| 34 | 28 31 Clay, Gray | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year)5/19/09 | 31 34 Shale, Fractured | | | |
| under my jurisdiction and was completed on (mo/day/year) | 34 40 Shale, Blue | | | |
| under my jurisdiction and was completed on (mo/day/year) | | | | |
| under my jurisdiction and was completed on (mo/day/year) | | | | |
| under my jurisdiction and was completed on (mo/day/year) | | | | |
| under my jurisdiction and was completed on (mo/day/year) | | | | |
| under my jurisdiction and was completed on (mo/day/year) | 7 CONTRACTORIS OF LANDOWNER | CONTENT TO THE PARTY OF THE PAR | | |
| Kansas Water Well Contractor's License No. 138. This Water Well Record was completed on molday wear) 5/20/09 under the business name of Paterson Irrigation, Inc. by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. 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. | under my inviction and una completed or | (moldaylyage) 5/19/09 | and this record in true to the heat of multiple and this record in true to the heat of multiple and this record in true to the heat of multiple and this record in true to the heat of multiple and this record in true to the heat of multiple and this record in true to the heat of multiple and the | |
| under the business name of Paterson Irrigation, Inc. by (signature) | Kansas Water Well Contractor's License Mc | (movuay/year)//.19/99 | Percent was completed on two letters 5/20/09 | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include <u>fee</u> of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html . | under the business name of Peterson Irric | gation, Inc. | by (signature) | |
| (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. 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. | INSTRUCTIONS: Use typewriter or ball point pen. | PLEASE PRESS FIRMLY and PRINT | clearly. Please fill in blanks and check the correct answers. Send three correct | |
| http://www.kdheks.gov/waterwell/index.html. | (white, blue, pink) to Kansas Department of Health | and Environment, Bureau of Water, G | ology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | |
| | http://www.kdheks.gov/waterwell/index.html | SK WELL OWNER and retain one fo | r your records. Include fee of \$5.00 for each constructed well. Visit us at | |
| | KSA 82a-1212 | | Check: White Copy, Blue Copy, Pink Cop | |