WATER WELL RECORD	Form WWC-	Division of V	Vater Resources App. N	√o	
1 LOCATION OF WATER WELL County: Rice	Fraction NE 1/4 NE 1/4 NE 1/4 S	Section Number 01	Township No. T 18 S	Range Number R 08 ☐E ☑W	
Street/Rural Address of Well Location; if unknown, distance & direction Gl			ning System (GPS) i	information:	
from nearest town or intersection: If at owner's address, check here .		. Latitude:38.	51 <u>446</u>	(in decimal degrees)	
803 Main Street		Longitude: 98	Longitude: 98.15557 (in decimal degrees)		
Geneseo, KS			Elevation: 95.98		
			Datum: ☐ WGS 84, ☐ NAD 83, ☑ NAD 27		
2 WATER WELL OWNER: Central Prairie Coop RR#, Street Address, Box #: Box # 159			Collection Method: GPS unit (Make/Model:)		
City, State, ZIP Code : Sterling, KS 67579		Digital Ma	☐ Digital Map/Photo, ☐ Topographic Map, ☑ Land Survey		
Ster	aing, K5 6/5/9		Z <3 m, ☐ 3-5 m, ☐		
3 LOCATE WELL	0.5				
	OF COMPLETED WELL .35.				
SECTION BOX: Depth(s) Gr	oundwater Encountered (1).3	ft. (2) ft. (3) ft.			
N WELL'S ST	WELL'S STATIC WATER LEVEL. 28.59ft. below land surface measured on mo/day/yr11-9-15				
P	Pump test data: Well water wasft. afterhours pumping				
1444 14E	EST. YIELDgpm. Well water wasft. after hours pumping gpm				
1 1 ' 1 ' 1 1	WELL WATER TO BE USED AS: Public water supply Geothermal Injection well				
SW SE					
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☑ Monitoring well					
S If yes, mo/day/yr sample was submitted					
Water well disinfected? Yes No					
5 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other					
Casing diameter .2.00 in. to					
Casing height above land surface. 0.27 in., Weight					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
Steel Stainless Steel PVC Other (Specify)					
Brass Galvanized Steel None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
Continuous slot					
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)					
From					
GRAVEL PACK INTERVALS: From					
From ft. to ft. From ft. to ft.					
From					
Grout Intervals: From .18					
What is the nearest source of possible contamination:					
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)					
Sewer lines Cess			oned water well		
			ell/gas well	• • • • • • • • • • • • • • • • • • • •	
Direction from well .west	LOGIC LOG FR			UGGING INTERVALS	
	LOGIC LOG	W 10 Lillic	. LOG (cont.) of 1 L	OGGING INTLICALS	
1 40 Clay, silty					
		MW7			
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) .1.1-5-20.15 and this record is true to the best of my knowledge and belief.					
Kansas Water Well Contractor's License No. 594 This Water Well Record was completed on modes was 2-30-2015 by (signature)					
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 one copy to					
Kansas Department of Health and En	vironment, Bureau of Water, Geology Se	tion, 1000 SW Jackson St.,	Suite 420, Topeka, Kans	sas 66612-1367.	
Telephone 785-296-5524. Send one copy to V					

http://www.kdheks.gov/waterwell/index.html