| WATER WELL RECORD | Form WV | VC-5 | Division of Water | r Resources App. No. | 41,622 |
|--|--------------------------|--------------------------|---|----------------------|--------------------|
| 1 LOCATION OF WATER WELL: | Fraction | | Section Number | Township No. | Range Number |
| County: Rice Street/Rural Address of Well Location: | 1/4 SW 1/4 NE | direction | 25 Global Positioning | | R 10 ☐E ☑W |
| from nearest town or intersection: If a | t owner's address, check | here | _ | • | |
| Approximately 1 mile north and 1.5 miles west of Chase. | | | Latitude: (in decimal degrees) Longitude: (in decimal degrees) | | |
| , | | | Elevation: NAD 83, NAD 27 | | |
| 2 WATER WELL OWNER: CMF of Kansas L.L.C. | | | Datum: WGS 84, NAD 83, NAD 27 Collection Method: | | |
| RR#, Street Address, Box #: 625 Ave. K | | | GPS unit (Make/Model:) | | |
| City, State, ZIP Code : Chase, KS 67524 | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m | | |
| 21 OCATE WELL | | | | | |
| WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 39.00 ft. | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered (1) WELL'S STATIC WATER LEVEL 21.70 ft. below land surface measured on mo/day/yr 05/09/12 ft. | | | | | |
| Pump test data: Well water was Not checked ft. after hours pumping gpm | | | | | |
| EST. YIELD gpm. Well water was ft. after hours pumping gpm | | | | | |
| W | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well SW SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below) | | | | | |
| -SWSE- Domestic Feediot Domestic-lawn & garden Montroring well Stock Well | | | | | |
| Was a chemical/bacteriological sample submitted to Department? If Yes X No | | | | | |
| S If yes, mo/day/yr sample was submitted Water well disinfected? Ves No. | | | | | |
| water were districted. I 105 Z No | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | |
| Casing diameter 5 in to 32 ft., Diameter in to ft., Diameter in to ft. | | | | | |
| Casing diameter 5 in. to 32 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 19 in., Weight lbs./ft., Wall thickness or gauge No. | | | | | |
| 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 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 32 ft. ft. ft. | | | | | |
| SCREEN-PERFORATED INTERVALS: From 32 ft. to 38 ft., From ft. to ft. | | | | | |
| From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 15 ft. to 38 ft., From ft. to ft. | | | | | |
| GRAVEL PACK INTERVALS | | | | | |
| 6 GROUT MATERIAL: Neat cen | nent Cement grout | Renton | ft., From | - | |
| Grout Intervals: From ft. | to ft., From | Benton | ft. to ft., | From | ft. to ft. |
| What is the nearest source of possible con | tamination: | _ | _ | | |
| Septic tank Lateral l | | Livestock p Fuel storage | | water well | r (specify below) |
| Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well None Known | | | | | |
| Direction from well | 010 1 00 | Distance 1 | | | |
| FROM TO LITHOLO Installed 5" PVC Line | | FROM | TO LITHO. LO | og (cont.) or PLUC | GGING INTERVALS |
| motalied o 1 vo Elin | or in o cacing | | | | |
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| 7 CONTRACTORIS OR LANDOWNE | DIS CEDITIFICATION | I. This mater | r well was 🗖 san-t- | uotad 🔽 | atad or Daluaced |
| 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) 05/09/12 and this record is true to the best of my knowledge and belief. | | | | | |
| Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 05/22/12 | | | | | |
| under the business name of Clarke Well & Equipment, Inc. 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. KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | | | | |
| 12011 024-1212 | | | CHCCK. LAI WI | посору, 🗀 вій | с сору, 🗀 гик сору |