| WATER WELL RECORD | | Form W | WC-5 | Di | ivision of Wate | r Resources App. No | 0 | |
|---|--|---|-----------|--|--|---------------------|----------------------------|--|
| | 1 LOCATION OF WATER WELL: County: Scott | | 1/4 NW 1/ | | on Number 31 | | Range Number R 32 □E 🕢W | |
| | Address of Well Location; i | | | Global Positioning System (GPS) information: | | | | |
| from nearest town or intersection: If at owner's address, check here . | | | | | Latitude: (in decimal degrees) | | | |
| 83 Hwy & Rd 10, 1/2 Mile East South 35' | | | | | Longitude: (in decimal degrees) | | | |
| , | | | | | Elevation: | | | |
| 2 WATER WELL OWNER: Roger Kohman | | | | | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| RR#, Street Address, Box #: 3665 W. Friend Rd. | | | | Colle | Collection Method: GPS unit (Make/Model:) | | | |
| City, State, Z | TD C | v. KS 67871 Digital Map/Photo, Topographic Map, | | | | | | |
| | 30011 01 | IV. KS 6/8/1 | | | Est. Accuracy: | | | |
| 3 LOCATE WELL | | | | | | | | |
| WITH AN "X | | | | | | | | |
| SECTION BO | OX: Depth(s) Groundwater Encountered (1) | | | | | | | |
| l | WELL 3 STATIC WATER ELVEL | | | | | | | |
| Pump test data: Well water was 132 ft. after 4 hours pumping 64 gpn EST. YIELD 80 gpm. Well water was ft. after hours pumping gpm | | | | | | | | |
| W NWNE EST. YIELD 80gpm. Well water was | | | | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | | |
| Demostic M Foodlet Coll field water annulus Consider to Other (Specific Laleux) | | | | | | | | |
| SW SE Domestic Freedot Off field water supply Dewatering Other (Specify below) | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| 1 mile | Water well disin | fected? 🔽 Yes 🗌 | No | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter .6 | | | | | | | | |
| Casing height above land surface24 | | | | | | | | |
| 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 | | | | | | | | |
| From | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout | | | | | | | | |
| Grout Intervals: From .5 | | | | | | | | |
| | est source of possible conta | mination: | | | | | | |
| Septic tank | | | | | | | | |
| ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well | | | | | | | | |
| Direction from | Coudh | t LAI reedyard [| | | | | | |
| FROM TO | LITHOLOG | | FROM | TO | | | GGING INTERVALS | |
| 0 2 | Top Soil | | 192 | 193 | Yellow Soa | | Odino in i Ekvals | |
| 2 42 | Brown Clay | | 193 | 197 | Black Shale | | | |
| 42 54 | Fine to Medium Sand | | | | | | | |
| 54 62 | Brown Clay, Few Sand | Streaks | | | | | | |
| 62 66 | Fine to Medium Sand | | | | | | | |
| 66 92 | Brown Clay, Cemented | Sand Streaks | | | | | | |
| 92 112 | Fine to Medium Sand, S | | | | | | | |
| 1.12 | Gravel | | | | | | | |
| 112 134 | Gypsum, Cemented Sa | nd | | | | | | |
| 134 192 | Medium to Coarse Sand, Small Gravel | | | | | | | |
| 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) .4.21.15 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 532 This Water Well Record was completed on (mo/day/year) 4-24-15 | | | | | | | | |
| under the business name of . Midwest Well & Pump Inc. by (signature) | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blands 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 | | | | | | | | |