| | WELL R | | WWC-5 | | vision of Water | 20180013 | 15-L | |
|---|--|----------------------|---|------------|--|--|--|--|
| | Record [| | | | sources App. No. | T | well ID | |
| | | ATER WELL: | Fraction '4 SW '4 SE '4 | | ction Number 15 | Township Number T 20 S | er Range Number R 4 □ E ■ W | |
| | | | | | | | | |
| | I A Opera | | First: | | direction from nearest town or intersection): If at owner's address, check here: | | | |
| Address: 785 M Covell Rd Ste 200 | | | | | | | s address, check here. | |
| Address: 3/4 North, 1 1/4 West of Groveland | | | | | | | | |
| City: | Edmond | State: OK | ZIP: 73003 | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:109 ft. 5 Latitude: | | | | | | | (decimal degrees) | |
| WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | Longitude: 97.7546 (decimal degrees) | | | |
| SECTION | | | 3) ft., or 4) | | | | ■ NAD 83 □ NAD 27 | |
| | | | TER LEVEL: | | | | | |
| ■ below land surface | | | | | | GPS (unit make/model:) | | |
| NW | NWNE □ above land surface, me Pump test data: Well wate | | | | 1 | (WAAS enabled? Yes No) | | |
| w | | | s pumping | | | | | |
| Well w | | | water was | | | | | |
| | | | s pumping | gpm | (FI .: | | E E. | |
| L X | | Estimated Yield: | mated Yield:gpm re Hole Diameter:10 in. to109 ft. and | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map | | |
| | S | Bore Hole Diameter: | 10 in. to109 | ft. and | | | | |
| 1 mile in. to ft. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | |
| 1. Domestic | | | ng: how many wells? | | 10. Mar | e: well ID | ase | |
| | ☐ Lawn & Garden 7. ☐ Aquifer Rech | | | | | | | |
| Livesto | | | ng: well ID | | | nal: how many bores | | |
| | 2. 🗌 Irrigation 9. Environmental Remediation: well ID | | | | | a) Closed Loop | | |
| 3. Feedlot Air Sparge | | | | Extraction | | | scharge | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | |
| | | Yes No | | | | | ************************************** | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | |
| Casing diameter | | | | | | | | |
| | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify) | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | |
| 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 | | | | | | | | |
| GRAVEL PACK INTERVALS: From109 ft. to20 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Nearest source of possible contamination: Septic Tank | | | | | | | | |
| Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well | | | | | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | |
| Other | Specify) | None | | | | | | |
| | | | | | | | | |
| 10 FROM | ТО | LITHOLO | GIC LOG | FROM | TO LI | THO. LOG (cont.) or | PLUGGING INTERVALS | |
| 0 | 3 | Top soil | | | - | | | |
| 3 | 50 | Brown clay | -la-n | | | | | |
| 50 | 69 | Sand & gravel- med | clean coarse | | | | | |
| 69 | 88 | Tan, green clay | mod close coerce | | | | | |
| 88 | | Sand & gravel- small | med clean coarse | | | | | |
| 101 | 109 | Dark gray shale | | Notes: | | | | |
| | | | TAN UT THE TOTAL THE TANK THE | 110662: | | | | |
| | | | | | | | | |
| 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)1-24-18 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo-day-year) 1-30-18 under the business name of Rosencrantz-Bemis Ent Inc. Signature | | | | | | | | |
| under the b | usiness nam | e ofRosencrantz | Bemis.Ent Inc | | Signature | ora alex | بيد. | |
| 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. | | | | | | | | |
| | | | 5 00012-136/. Mail one to | | | ior your records. Teleph | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | |