| WATE | ER WE | LL RECORD | Form V | VWC-5 | Di | ivision of Wate | r Resources App. N | 12898 | | |
|--|--|--------------------------------|---------------|-------|-------------------|---|--------------------------------|--------------------|--|--|
| | | N OF WATER WELL: | Fraction | | | on Number | Township No. | Range Number | | |
| | inty: Pa | | 1/4 NE 1/4 SI | | | 31 | T 21 S | R 17 □E 🗹 W | | |
| Street/Rural Address of Well Location; if unknown, distance & direction Global Positioning System (GPS) information: | | | | | | | | | | |
| | from nearest town or intersection: If at owner's address, check here . | | | | | | Latitude: (in decimal degrees) | | | |
| 4 1 | /2 east | of Sanford, Ks. | | | Long | Longitude: (in decimal degrees) | | | | |
| | | | | | | Elevation: | | | | |
| 2 WATER WELL OWNER: David Woods | | | | | | Collection Method: | | | | |
| RR#, Street Address, Box #: 1069 K19 Hwv E | | | | | | GPS unit (Make/Model:) | | | | |
| City, State, ZIP Code : Larned, Ks. 67550 | | | | | | Digital Map/Photo, Topographic Map, Land Survey | | | | |
| Est. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ >15 m | | | | | | | | | | |
| WITH AN "X" IN 4 DEPTH OF COMPLETED WELL .70 ft. | | | | | | | | | | |
| SEC | SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | | | |
| WELL'S STATIC WATER LEVEL18ft. below land surface measured on mo/day/yr7-26-11 | | | | | | | | | | |
| Pump test data: Well water was 41.5ft. after.1 hours pumping 498 gpm | | | | | | | | | | |
| EST. YIELD. 581gpm. Well water was .47 | | | | | | | | | | |
| W Bore Hole Diameter 40 | | | | | | | | | | |
| Domostic Desiles DOMOST | | | | | | | | | | |
| SWSE - Domestic | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | | | |
| Water well disinfected? ✓ Yes □ No | | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel V PVC V Other Stainless steel | | | | | | | | | | |
| CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded | | | | | | | | | | |
| Casing diameter .16 | | | | | | | | | | |
| Casing height above land surface in., Weight Sch 40lbs./ft Wall thickness or gauge No | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | |
| ☐ Steel | | | | | | | | | | |
| 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 | | | | | | | | to ft. | | |
| } | GIGAV | ELIACK INTERVALS. | From | ft to | • • • • • • • • • | it., From | π. : A a | το ft, | | |
| From | | | | | | | | | | |
| 1 | ntervals: | From ft. to | ft., Fror | n 20 | ft. to . 0 | ft., | From | . ft. to ft | | |
| | | est source of possible contain | mination: | | | , | | | | |
| Septic tank | | | | | | | | er (specify below) | | |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well None | | | | | | | , | | | |
| Direc | ction from | n well | t recuyard | | | | | •••••••••• | | |
| FROM | | LITHOLOGI | CLOG | FROM | TO | | | GGING INTERVALS | | |
| 0 | 2 | Top soil | | | | | - () 1100 | ALLIEURY YALIO | | |
| 2 | 20 | Brown clay | | | | | | | | |
| 20 | 50 | Sand | | | | | | | | |
| 50 | 59 | Gray clay | | | | | | | | |
| 59 | 65.5 | Sand & gravel | | | | | | | | |
| 65.5 | 70 | Gray shale | · | | | | | | | |
| | <u> </u> | | | | | | * | | | |
| | | | | | | | | | | |
| | | | | - | | | | | | |
| 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) .7-27.4.1/-11 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) 8-19-11 | | | | | | | | | | |
| under the business name of Rosencrantz-Bemis by (signature) | | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct encycles. Sand three correct | | | | | | | | | | |
| (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 | | | | | | | | | | |
| nttp://www.kdneks.gov/waterwell/index.html. | | | | | | | | | | |
| KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | | | | | | | | | |