| | | RECORD | | WWC-5 | | ivision of Water | | | | | |
|---|--|---------------------|-------------|-------------------------|--------|--|---|----------|-----------|--|--|
| | | Correction | | e in Well Use | | sources App. No | | Well ID | | | |
| 1 LOCATION OF WATER WELL: Fraction | | | | | | ection Number Township Number Range Number | | | | | |
| | y: Reno | | | 1/4 SW 1/4 SW 1/4 | | 36 T 22 S R 10 □ E ■ W | | | | | |
| | OWNER: | | | First: | | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: Carrie Exploration direction from nearest town or intersection): If at owner's address, check Address: 210 W. 22nd Street | | | | | | | | | eck here: | | |
| Address: 8 North, 3 1/2 West of Plevna | | | | | | | | | | | |
| City: | Havs | | State: KS | ZIP: 67601 | | | | | | | |
| 3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | |
| WITH " | | | | Encountered: 1) | | ft. Longitude: 98.3801 (decimal degrees) | | | | | |
| | SECTION BOX: 2) | | | | | | y Well Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | |
| WELL'S STATIC WATER LEVEL: | | | | | | Source for Latitude/Longitude: | | | | | |
| | | | | , measured on (mo-day- | | GP GP | S (unit make/model: | |) | | |
| NW | NE | | | measured on (mo-day- | | (| | | | | |
| X | | | | ater was 1 | | ☐ Land Survey ☐ Topographic Map | | | | | |
| W | E after hours pumping | | | | | ⊔ On | ☐ Online Mapper: | | | | |
| SW | SE | after | | s pumping | | | | | | | |
| | Estimated Yield:gpm | | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| | S Bore Hole Diameter:10 in. to55 | | | | | d Source: Land Survey GPS Topographic Map | | | | | |
| 1 mile in. to ft. Uother | | | | | | | | | , | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic | | | | | | | | | | | |
| ☐ House | - | | | | | | | | | | |
| | Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | | | | |
| 2. Irrigati | | | | al Remediation: well II | | | | | | | |
| | 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra | | | | | | , | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | | | | |
| Water well disinfected? ■ Yes □ No | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING IOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | |
| Casing diameter | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) 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: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | | | | |
| ☐ 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 | | | | | | | | | | | |
| Direction fro | m well? | | | Distance from w | ell? | <u></u> | ft. | · | | | |
| 10 FROM | TO | I | ITHOLOG | | FROM | I OT | LITHO. LOG (cont.) or | PLUGGING | INTERVALS | | |
| 0 | | Top soil | | | | | | | | | |
| 2 | | Sandy gray o | | | 1 | 4 | | | | | |
| 6 | | | el- small t | o med, clean, | | | | ALIE 0 | | | |
| 44 | | loose | | | | | | | | | |
| 11 | | Tan clay w/ caliche | | | | <u> </u> | | | | | |
| 35 | | | ei- small t | o med, loose, | 1,,, | | | | | | |
| CC | | clean | .1 | | Notes: | | | | | | |
| 55 | 55 Green blue clay | | | | | | | | | | |
| 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)10-1.1-16 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) 10-27-16. | | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo-day-year) 10-27-16 | | | | | | | | | | | |
| Mail 1 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. | | | | | | | | | | | |
| 1 ' | | | | | | | e for your records. Teleph | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | | | |