| | WWC-5 | | ivision of Water | 20180281 | N-1115 | | |
|--|--|---|---------------------------------|--|-----------------------|--------------------|--|
| | ge in Well Use | | esources App. No | | Well ID | | |
| 1 LOCATION OF WATER WELL: | Fraction | | ection Number | | | | |
| County: Stafford ¼ SW ¼ SW ½ | | | 8 | T 22 S | R 13 □ E | | |
| 2 WELL OWNER: Last Name: | First: | Street or R | Kural Address v | here well is located | (if unknown, distance | and | |
| Business: JEL Resources Address: % Energy Investments | 1 | direction from | m nearest town or i | ntersection): If at owner | r's address, check he | re: [] | |
| Address: % Energy Investments Address: PO Box 17630 | 1: | 2 South, 1 | 1/4 East of Se | ward | | | |
| City: Golden State: CO | | | | | | | |
| 2 LOCATE WELL | | | | | | | |
| WITH "V" IN 4 DEPIH OF COMPLETED WELL: | | | | | | | |
| SECTION ROY. Depth(s) Groundwater | Depth(s) Groundwater Encountered: 1) | | | | | | |
| | 2) | | | Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27 | | | |
| | below land surface, measured on (mo-day-yr). 11-15- | | | Source for Latitude/Longitude: | | | |
| | above land surface, measured on (mo-day-yr) | | | | | | |
| | Pump test data: Well water was ft. | | | (| | | |
| | after hours pumping gpm | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | |
| Wells | Well water was ft. | | | Online mapper | | | |
| I I CW I CE I I | after hours pumping | | | | | | |
| Estimated Yield: | Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map | | | |
| S Bore Hole Diameter: | 10 in. to 95 | ft. and | Source | | | | |
| mile in. toft. | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| | ater Supply: well ID | | | Field Water Supply: 1 | | £3. - 8 | |
| | ng: how many wells? | | | ole: well ID | | | |
| □ Lawn & Garden 7. □ Aquifer Recharge: well ID □ Livestock 8. □ Monitoring: well ID | | | | | | | |
| 2. ☐ Irrigation 9. Environment | | | 12. Geothermal: how many bores? | | | | |
| 3. Feedlot Air Sparg | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | | |
| 4. Industrial Recovery | | EXITACTION | | | | | |
| | | | | | | | |
| 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 diameter 5 in. to 95 ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 18 in. Weight SDR-26 lbs/ft. Wall thickness or gauge No. | | | | | | | |
| Casing height above land surface | | | | | | | |
| | | | | | | | |
| ☐ 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: 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 | | | | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | |
| ■ Other (Specify) None Direction from well? | | | | | | | |
| Direction from well? | Distance from w | | | | | | |
| 10 FROM TO LITHOLO | GIC LOG | FROM | ТО | LITHO. LOG (cont.) o | r PLUGGING INTE | RVALS | |
| 0 2 Sandy top soil | | | | | | | |
| 2 58 Sandy clay | | | | | | | |
| 58 81 Gravel- small med | | | | | | | |
| 81 84 Tan clay | | | | | | | |
| 84 95 Gravel- med coarse | | | | | | | |
| | | | | | | | |
| | | Notes: | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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)11-15-18 and this record is true to the best of my knowledge and belief | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | |
| Lundon the husings Passenges | 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, | | | | | | |
| under the business name of ROSANCIANTZ- | ch constructed well to: Vo | acae Dant- | Signature | nvironment Burnou of 11 | later GUTE Casting | | |
| under the business name ofRosencrantz- Mail 1 white copy along with a fee of \$5.00 for ea 1000 SW Jackson St., Suite 420, Topeka, Kansa: | ch constructed well to: Kar | nsas Departm | ent of Health and I | Environment, Bureau of W | ater, GWTS Section, | | |