| WATER | | | WWC-5 | | ivision of Water | | | | |
|---|--|-----------------------|---|--------|---------------------|--|---------------------------------|--|--|
| | | | e in Well Use | | sources App. No | | Well ID | | |
| 1 LOCAT County | ION OF W : Stafford | ATER WELL: | Fraction ¹ / ₄ SE ¹ / ₄ NW ¹ / ₄ | NE 1/4 | ection Number 14 | T 22 S | R 14 □ E ■ W | | |
| 2 WELL | OWNER: 1 | ast Name: Marmie | First: Jerry | | | | (if unknown, distance and | | |
| Business: Address: | | | | | | tion from nearest town or intersection): If at owner's address, check here: | | | |
| Address: | Address: Z 1/4 | | | | | /4 South, 1 1/2 West of Seward | | | |
| City: Great Bend State: KS ZIP: 67530 | | | | | | | | | |
| WITH "2 | | | APLETED WELL: | | ft. 5 Latitu | de: | 46 (decimal degrees) | | |
| SECTIO | CTION BOX: N Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) \Box Dry Well | | | | | Longitude: | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | | for Latitude/Longitude | | | |
| | below land surface, measured on (mo-day-yr) | | | | | S (unit make/model: . |) | | |
| NW | NW NE Dump test data: Well water was ft. | | | | | (WAAS enabled? Yes No) Land Survey Topographic Map | | | |
| w | after | | | | | | гаринс мар | | |
| | Well water was | | | | | | | | |
| | Estimated Yield: | | | | | | vation:ft. 🛛 Ground Level 🔲 TOC | | |
| |] S | Bore Hole Diameter: . | | | Source | Source: 🔲 Land Survey 🔳 GPS 🔲 Topographic Map | | | |
| | 1 mile in. to ft. | | | | | □ Other | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | |
| Domestic: Housel | omestic: 5. Public Water Supply: well ID Household Dewatering: how many wells? | | | | | 11. Test Hole: well ID | | | |
| _ | Lawn & Garden 7. 	Aquifer Recharge: well ID | | | | | Cased Uncased Geotechnical | | | |
| | Livestock 8. Monitoring: well ID | | | | | 12. Geothermal: how many bores? | | | |
| 2. ☐ Irrigati 3. ☐ Feedlo | 2. □ Irrigation 9. Environmental Remediation: well ID 3. □ Feedlot □ Air Sparge □ Soil Vapor Extract | | | | | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | |
| 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? | | | | | | | | | |
| 8 TYPE O | FCASING | USED: Steel PV | /C 🗌 Other | CA | SING JOINTS: | Glued Clampe | ed 🗌 Welded 🗌 Threaded | | |
| 8 TYPE OF CASING USED: □ Steel ■ PVC □ Other | | | | | | | | | |
| TYPE OF S | SCREEN O | R PERFORATION MA | TERIAL: | | t. Wull unor | less of gauge from | | | |
| □ 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 | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| Image: Septic Tank Image: Lateral Lines Image: Privy Image: Livestock Pens Image: Image: Livestock Pens Image: Sewer Lines Image: Cess Pool Image: Sewage Lagoon Image: Fuel Storage Image: 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 10 FROM | om well? TO | LITHOLO | | FROM | TO | LITHO LOG (comt) | ft. or PLUGGING INTERVALS | | |
| 0 | 3 | Sandy top soil | | FROM | | | JI LUUUIINI ENVALO | | |
| 3 | 48 | Sandy brown clay | | | | | | | |
| 48 | 55 | Small gravel & fine s | and | | | | | | |
| 55 | 63 | Sandy tan clay | | | | | | | |
| 63 | 137 | Gravel- small med | | | | | | | |
| 137 138 | 138 175 | Gray clay | troaks | Notes: | | | | | |
| 138 175 Med gravel w/ clay streaks 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)12-4-18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo-day-year)12-31-18 | | | | | | | | | |
| under the business name of | | | | | | | | | |
| 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. | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | |