| VATER WELL RECORD Form W | | | WC-5 | ı | Division of Water Resources App. No. | | | | |
|--|---|---|-----------------------|-------------|---|-----------------|----------------------|---|--|
| | LOCATION OF WATER WELL: Fraction | | | | | tion Number | Township No. | Range Number | |
| | County: Hodgeman | | 14 NE 3 | 1 | 9 | T 22 S | R 21 □E 🗹 W | | |
| | | Address of Well Location; | f unknown, distance & | & direction | Glol | bal Positioning | System (GPS) in | formation: | |
| | | town or intersection: If at o | | | | | (in decimal degrees) | | |
| 1/2 | South. | I/4 East of Gray | | | Longitude: (in decimal degrees) | | | | |
| 772 Obdat, 17. Edot of Oray | | | | | Ele | Elevation: | | | |
| 2 WATER WELL OWNER: Lawrence Korf | | | | | | | 4, 🔲 NAD 83, 🔲 | NAD 27 | |
| Edwichoc Roll | | | | | Collection Method: GPS unit (Make/Model:) | | | | |
| | City Chate ZID Code | | | | | | | | |
| Cit | y, State, Z | Burdett, | | Fet | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m | | | | |
| 3 LOCATE WELL | | | | | | | | 3-13 III, / 13 III | |
| | WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 117 | | | | | | | | |
| | TION BO | BOX: Depth(s) Groundwater Encountered (1) | | | | | | | |
| Depth(s) Groundwater Encountered (1) | | | | | | | ay/yr. 5-12-16 | | |
| | | | | | | | ping16.1 gpm | | |
| | | | | | | | ping. 192 gpm | | |
| | | | | | | | ft. | | |
| - | WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | | |
| | Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well ☐ Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No | | | | | | | | |
| 3 | | | | | | | | | |
| L | | | | | | | | | |
| | S If yes, mo/day/yr sample was submitted | | | | | | | | |
| Water well disinfected? ✓ Yes □ No | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter .16 in. to .117 ft., Diameter ft., Diameter in. to ft. | | | | | | | | | |
| Casing height above land surface. 18 in., Weight Sch.40 lbs./ft., Wall thickness or gauge No. | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | |
| 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) | | | | | | | | | |
| From A to A F A to | | | | | | | | | |
| From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| From | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| Septic tank | | | | | | | | | |
| | | | | | Fuel storage Abandoned water well | | | | |
| |] Watertig | nt sewer lines 🔲 Seepage p | it Feedyard | Fertilizer | storage | Oil well/ga | s well None | , | |
| | | n well | | | from v | vell | | | |
| FROM | | LITHOLOG | | FROM | TO | LITHO, LO | OG (cont.) or PLU | GGING INTERVALS | |
|) | 3 | Top soil | | 90 | 95 | Gray clay | | | |
| 3 | 34 | Brown clay | | 95 | 97 | Red bed | | | |
| 34 | 37 | Dark brown clay | 97 | 106 | Sandstone | (soft) | | | |
| 37 | 39 | Light tan clay | 106 | 117 | Gray clay 8 | | | | |
| 9 | 42 | Green blue clay | | | | | | | |
| 12 | 63 | Small med sand & gravel,broken | | | | | | | |
| | | rock, caliche, & ironated sand rock | | | | | | | |
| 33 | 64 | Gray & black clay | | | | | | | |
| 34 | 74 | Gray clay | | | | | | | |
| 74 90 Gray clay & sandstone (soft) | | | | | | | | | |
| 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) .5-19-16 | | | | | | | | | |
| Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/year) 6-8-16 | | | | | | | | | |
| under the business name of Rosencrantz-Bemis Ent Inc by (signature) | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send one copy to | | | | | | | | | |
| Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | | | |
| Telephone 785-296-5524. 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 | | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html | | | | | | | | | |