| WATER WELL RECORD | | | Form WW | 'C-5 | Division of Water | r Resources App. N | lo. ———————————————————————————————————— | |
|--|---|--|----------------------------|---|---|----------------------|--|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number | | | | |
| County: Harvey | | | SW 1/4 SW 1/4 SW 1/4 | 4 SW 1/4 | 20 | T 22 S | R 3 □E ☑W | |
| Street/Rural Address of Well Location; if unknown, distance & direction | | | | | Global Positioning System (GPS) information: | | | |
| | | town or intersection: If at o | | Latitude: .38.1.1594. (in decimal degrees) Longitude: 0.97.68385 (in decimal degrees) Elevation: 1363 | | | | |
| 2 WATER WELL OWNER: Equus Beds GMD 2 | | | | | Datum: WGS 84, NAD 83, NAD 27 Collection Method: | | | |
| | | | | | Collection Method: ☐ GPS unit (Make/Model: Garmin csx) | | | |
| C'a Grata ZID Cada | | | | | Digital Map/Photo, Topographic Map, Land Survey | | | |
| City | , State, 2 | . Haistea | d, Kansas 67056 | | Fet Accuracy: | 3 m [7] 3-5 m [| 15-15 m [7] >15 m | |
| Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m | | | | | | | | |
| WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 85 | | | | | | | | |
| | CTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | |
| | N WELL'S STATIC WATER LEVEL. n/a ft. below land surface measured on mo/day/yr | | | | | | | |
| | Pump test data: Well water wasft. after hours pumping gpm | | | | | | | |
| EST. YIELDgpm. Well water wasft. after hours pumping | | | | | | | | |
| w NET E Bore Hole Diameter 6 | | | | | | | .ft. | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | | |
| SW SE Domestic | | | | | | | | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| 1 mile Water well disinfected? ☐ Yes ☑ No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel V PVC Other Galyanized | | | | | | | | |
| CASING IOINTS: Glad G Clamped G Welded G Threeded | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded Casing diameter .2 | | | | | | | | |
| Casing height above land surface 36 in., Weight SCH 40 lbs/ft., Wall thickness or gauge No154 | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel | | | | | | | | |
| 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) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 70 | | | | | | | | |
| Grout Intervals: From 70 ft. to 67 ft., From 67 ft. to 6 ft., From 6 ft. to 0 ft. | | | | | | | | |
| | | | | | | | | |
| ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below) | | | | | | | | |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well | | | | | | | | |
| | | ht sewer lines | _ • | Fertilizer sto | | | | |
| | | | 101.00 | | rom well | | IOODIO DIFFERENCE | |
| FROM | TO | LITHOLOG | IC LOG | FROM | TO LITHO. LO | Cont.) or PLU | JGGING INTERVALS | |
| 0 | 3 | Sandy top soil | | | | | | |
| 3 | 35 | Light brown clay | | | | | | |
| 35 | 43 | Fine sugar sand | | | | | | |
| 43 | 44 | Gray clay | | | | | | |
| 44 | 85 | Gray clay-f. to sm snd r | nix 40/60 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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) .09-28-09 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) 10-1-09 | | | | | | | | |
| under the business name ofRosencrantz-Bernis Ent 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 three copies (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. | | | | | | | | |
| (white, bl | ue, pink) t | o Kansas Department of Health | and Environment, Bureau of | Water, Geolog | gy Section, 1000 SW Jac | kson St., Suite 420, | Topeka, Kansas 66612-1367. | |
| | | 5522. Send one copy to WATI ov/waterwell/index.html. | ER WELL OWNER and reta | un one for yo | our records. Include fee | or about or each g | constructed well. Visit us at | |
| KSA 82a | | o Tunoi Trois il moon.illilli. | | | Check: Wh | ite Conv. Bl | ue Copy. Pink Copy | |