| WATER WELL RE | CCORD | Form W | WC-5 | Division of Wa | iter Resources App. N | lo. | |
|--|---|--------------------------|--|---|------------------------|-------------------------------|---|
| 1 LOCATION OF WATER WELL: County: Finney | | Fraction | | Section Number | Township No. | Range Number | |
| | | 1/4 NW 1/4 NW 1/4 NW 1/4 | | 12 T 22 S R 33 □E ☑W | | | |
| Street/Rural Address of Well Location; if unknown, distance & direction | | | | Global Positioning System (GPS) information: | | | |
| from nearest town or intersection: If at owner's address, check here \mathbf{Z} . | | | | Latitude: | | | |
| | | | | Longitude: (in decimal degrees) | | | |
| | | | | | | | |
| 2 WATER WELL OWNER: Michael Standley | | | | Datum: WGS 84, NAD 83, NAD 27 Collection Method: | | | |
| RR#, Street Address, Box #: 14550 N. VFW Rd. | | | GPS unit (Make/Model:) | | | | |
| City, State, ZIP Cod | | City KS 67846 | | | | | |
| · | Garden | Oity, 100 07040 | | Est. Accuracy: | <3 m, □ 3-5 m, □ |] 5-15 m, | |
| 3 LOCATE WELL | | | - 50 | | • | | |
| WITH AN "X" IN | WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 50 | | | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered (1).25 ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL.25 ft. below land surface measured on mo/day/yr | | | | | | |
| ł | WELL'S STATIC WATER LEVEL | | | | | | |
| Pump test data: Well water was 28 ft. after 4 hours pumping 62 germany | | | | | | | |
| NW NE | Pore Hele Diem | otor 10 in to | r was 50 | п. апег | nours pun | 1ping gpin | |
| W Bore Hole Diameter 10 | | | | | | | |
| | | | | | | | SW SE 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 | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | |
| water well disinfected? | | | | | | | |
| | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | |
| CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded | | | | | | | |
| Casing diameter .5 | | | | | | | |
| Casing height above land surface | | | | | | | |
| Steel Stainless Steel ✓ PVC □ Other (Specify) | | | | | | | |
| Brass Galvanized Steel None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| ☐ Continuous slot | | | | | | | |
| ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From19 ft. to50 ft., From ft. to ft. | | | | | | | |
| From | | | | | | | |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other | | | | | | | |
| Grout Intervals: From .9 ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | |
| ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☑ Fuel storage ☐ Abandoned water well | | | | | | | |
| Watertight sewer lines Seepage pit Feedyard Feedyard Oil well/gas well | | | | | | | |
| Direction from well | South West | | | | | | |
| FROM TO | LITHOLOG | | FROM | | | JGGING INTERVALS | |
| 0 2 Top 9 | | | | | | | |
| | n Clay | | † † | | , | | |
| | Γο Medium Sand | Some Small | <u> </u> | | | | |
| | el (Loose) | oman | † · · · · · · · · · · · · · · · · · · · | | | | |
| | n Clay | | | | | | |
| | Sticky Clay | | | , | | | |
| | | | | | | | |
| | | | | | | | |
| | 77.00 | | † · · · · · · · · · · · · · · · · · · · | | | | |
| | | (-m- | | | | | |
| 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) .9-4-19 | | | | | | | |
| Kansas Water Well Contractor's License No. 532 This Water Well Record was completed on (molday) year) | | | | | | | |
| under the business name of Midwest Well & Pump Inc. by (signature) | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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. Telephone 785-296-5522. 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 | | | | | | | |
| | | ER WELL OWNER and i | retain one for y | our records. Include | fee of \$5.00 for each | constructed well. Visit us at | |
| http://www.kdheks.gov/water KSA 82a-1212 | wen/maex.ntml. | | | Chack: | White Copy, B | lue Copy, Pink Copy | |
| NOA 044-1414 | | | | CHECK: | write copy, 🔲 B | лас сору, 🗀 т нік сору | |