| WATER WELL RECOR | RD | Form WWC-5 | | Division of Wate | er Resources App. N | | | |
|--|--|-----------------|-------------|--|---------------------|----------------------------------|--|--|
| 1 LOCATION OF WATER | WELL: Fraction | n SW | Sec | ction Number | | Range Number | | |
| County: Harvey Street/Rural Address of Well Location; if | | SW 1/4 SW 1/4 N | | <u> 29</u> | T 23 S | | | |
| from nearest town or inters | | | | | g System (GPS) ir | iformation: (in decimal degrees) | | |
| 2 miles East of Halstead, 1 | | Longitude: | | (in decimal degrees) | | | | |
| 2 WATER WELL OWNER: William Brandt | | | <u>Da</u> t | <u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | | |
| RR#, Street Address, Box | " MTTTTAM DEAL | | | lection Method: | lra/Modal: | , | | |
| City, State, ZIP Code | . 1/24 P. LITPS | S. Mission Rd. | | ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | | |
| | Halstead, KS | 6 6 / 0 5 6 | Est | Accuracy: - | <3 m, 3-5 m, 5 | 5-15 m, \square >15 m | | |
| 3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 124 ft. | | | | | | | | |
| | | | | | | | | |
| N WE | WELL'S STATIC WATER LEVEL35ft. below land surface measured on mo/day/yr4/19/2011 | | | | | | | |
| | Pump test data: Well water wasft. after hours pumping | | | | | | | |
| | | | | ft. after hours pumping gpm | | | | |
| W E Bore Hole Diameter9in. to124ft., andin. tof | | | | | | | | |
| injection wen | | | | | | | | |
| Domestic Feedlot Oil field water supply Dewatering Wother (Specify below) Irrigation Industrial Domestic-lawn & garden Monitoring well Discharge | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes XX No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| 1 mile Water well disinfected? ▼ Yes □ No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel XX PVC Other | | | | | | | | |
| CASING JOINTS: X Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter | | | | | | | | |
| Casing height above land surface1.2 | | | | | | | | |
| Steel Stainless Steel VC Other (Specify) | | | | | | | | |
| ☐ 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 ft. to ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| From | | | | | | | | |
| | | | | | | ft. toft. | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| Septic tank | | | | | | | | |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well | | | | | | | | |
| Direction from wellEa | | | | well .1.10 ft | 9 | | | |
| FROM TO | LITHOLOGIC LOG | FRO | М ТО | LITHO. L | OG (cont.) or PLU | JGGING INTERVALS | | |
| 0 3 Topsoil | | | | | | | | |
| 3 31 Clay, ta 31 37 Sand, fi | | | | | | <u> </u> | | |
| 37 37 Sand, 11 37 Clay, re | | | | | | | | |
| <u> </u> | ne to medium | | | | | | | |
| | ndy brown | | | | | | | |
| | dium coarse | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 CONTRACTOR'S OR LA | NDOWNED'S CED | TIFICATION: Thi | c water we | 11 was VV const | ructed Treconst | ructed or [] plugged | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\overline{\Omega} \) constructed, \(\overline{\Omega} \) reconstructed, or \(\overline{\Omega} \) plugged under my jurisdiction and was completed on (mo/day/year)4/19/11 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 1.38. This Water Well Record was completed on (mo/day/gear) 4/2//11. | | | | | | | | |
| under the business name of Peterson Irrigation. 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 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 | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. | | | | | | | | |
| KSA 82a-1212 | | | | | | | | |