| | | TW 10-11 L RECORD | Form W | /WC-5 | Division of | Water Resources App. | No. | |
|---|---|--------------------------------------|--------------------------|------------------|--|--------------------------|-------------------------------|--|
| | | OF WATER WELL: | Fraction | | | ber Township No. | Range Number | |
| Coun | ty: | Harvey | 1/4 SE 1/4 NI | | 07 | T 23 S | | |
| Street/Rural Address of Well Location; if unknown, distance & direct | | | | | 1 | oning System (GPS) in | 1 | |
| from nearest town or intersection: If at owner's address, check here | | | | | Latitude: 38.061299 (in decimal degrees) Longitude: -97.464302 (in decimal degrees) Elevation: unknown | | | |
| Approximately 5 miles west of Newton. | | | | | Longitude: unknown | | | |
| | | | | | Datum: WGS 64, NAD 65, NAD 27 | | | |
| 2 WATER WELL OWNER: City of North Newton RR#, Street Address, Box #: 2601 N. Main St | | | | | Collection Method: GPS unit (Make/Model: WAAS) | | | |
| City, State, ZIP Code : North Newton, KS 67117 | | | | | Digital Man/Photo. Tonographic Map. Land Survey | | | |
| City, | , otate, Z | n codo , recitir re | | Est. Accuracy: | ☐ <3 m, 🔀 3-5 m, | 5-15 m, >15 m | | |
| 3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 49 ft. | | | | | | | | |
| SECTION BOX: Denth(s) Groundwater Encountered (1) ft (2) ft (3) | | | | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered (1) WELL'S STATIC WATER LEVEL 18.56 ft. below land surface measured on mo/day/yr 06/30/11 | | | | | | | | |
| | Pump test data: Well water was not checked ft. after hours pumping gpm | | | | | | | |
| N | W LL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | |
| w | | | | | | | | |
| | Daysotering Mother (Specify helow) | | | | | | | |
| SWSE Domestic Feedlot Domestic-lawn & garden Monitoring well Test Well | | | | | | | | |
| L | Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| [1 mile] Waterwell disinfected? ⊠Yes No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter 5 in. to 33 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 24 in., Weight 2.36 lbs./ft., Wall thickness or gauge No214 | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| Steel Stainless Steel VPC 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) | | | | | | | | |
| Continued size | | | | | | | | |
| SCREE | N-PERF | ORATED INTERVALS: | From 33 | ft. to4 | ft., Fr | om fi | t. to ft. | |
| | CDAVI | EL PACK INTERVALS: | From 28 | ft to | II., Fr | omf | t. to II. | |
| | UKAVI | EL FACK INTERVALS. | From | ft. to | ft., Fr | om f | t. to ft. | |
| | | | | | | | | |
| Grout Intervals: From ft. to ft., From 0 ft. to 28 ft., From ft. to ft. | | | | | | | | |
| What is t | the neare | st source of p <u>os</u> sible cont: | amin <u>at</u> ion: | _ | _ | | ther (specify below) | |
| Septic tank Lateral lines Pit privy Livestock pens Cesspool Sewage lagoon Fuel storage | | | | | | doned water well | , , , , , , | |
| | | it sewer lines 🔲 Seepage p | | Fertilizer st | orage 🔲 Oil v | vell/gas well | None Known | |
| Direction from well Distance from well | | | | | | | | |
| FROM 0 | TO | LITHOLOG Topsoil | IC LOG | FROM | TO LITH | O. LOG (cont.) or PL | UGGING INTERVALS | |
| 2 | 10 | Clay, brown | | + | | | | |
| 10 | 18 | Clay, brown, gray | | | | | | |
| 18 | 32 | Clay, brown, gray, sa | ndy | | | | | |
| 32 | 47 | Sand, fine - coarse | | | | | | |
| 47 | 49 | Shale, gray, green | | | | | | |
| 49 | 50 | Shale, gray, green, co | emented sand | | | | | |
| 50 | 51 | Shale, green, red | | | | | | |
| | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 🔀 constructed, \Box reconstructed, or \Box plugged | | | | | | | | |
| 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) 06/30/11 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) | | | | | | | | |
| INSTRUCTIONS. He typewriter or hall point pen PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies | | | | | | | | |
| l (white bli | ue. nink) to | Kansas Department of Health | ı and Environment, Burea | u of Water, Geol | ogy Section, 1000 | SW Jackson St., Suite 42 | 0. 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.kdbeks.gov/waterwell/index.html. | | | | | | | | |
| KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | | | | | | | |