| WATE | R WE | LL RECORD | Form W | WC-5 | Division of Wate | er Resources App. No |). | |
|---|---|-----------------------------|----------------|--|--|---------------------------|--|--|
| | | | Fraction | | Section Number | Township No. | Range Number | |
| | | | SE 14 NE 14 NE | | 26 | T 23 S | | |
| | | Address of Well Location; i | | Global Positioning System (GPS) information: | | | | |
| from nearest town or intersection: If at owner's address, check here \square . | | | | | Latitude: (in decimal degrees) Longitude: (in decimal degrees) | | | |
| | | | | | Elevation: (in decimal degrees) | | | |
| | | | | | Datum: WGS 84, NAD 83, NAD 27 | | | |
| 2 WATER WELL OWNER: Charles Bean | | | | | Collection Method: | | | |
| RR#, Street Address, Box #: 1521 S. Hertzler Rd. City, State, ZIP Code : Halstead KS 67056 | | | | | ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| Traisidad, NO 07000 | | | | | Est. Accuracy: | | | |
| 3 LOCATE WELL 100 | | | | | | | | |
| | WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) 30 ft. (2) ft. (3) ft. (3) | | | | | | | |
| SEC | SECTION BOX: Depth(s) Groundwater Encountered (1).30 ft. (2) ft. (3) ft. (3) WELL'S STATIC WATER LEVEL.30 ft. below land surface measured on mo/day/yr.5/.28/ | | | | | | | |
| | Pump test data: Well water was | | | | | | | |
| N | EST. YIELD. 20gpm. Well water was | | | | | | | |
| W | | | | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | | |
| Composition | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| mile Water well disinfected? ☑ Yes ☐ No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: 7 Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter 5 in to 80 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 in., Weight 2.5 lbs./ft., Wall thickness or gauge No. SDR26 | | | | | | | | |
| Casing height above land surface!4 | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ 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 | | | | | | | | |
| | GRAV | EL PACK INTERVALS: | From40 | ft. to!!!! | ft., From | ft. 1 | ο ft. | |
| From ft. to ft., From ft. to ft. | | | | | | | | |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other | | | | | | | | |
| 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 ☐ Fertilizer storage ☐ Oil well/gas well ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well ☐ Feedyard ☐ Feedya | | | | | | | | |
| ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Direction from well West Distance from well 100' | | | | | | | | |
| FROM | ТО | LITHOLOG | IC LOG | FROM | | | GGING INTERVALS | |
| 0 | 3 | Top Soil | | | | | | |
| 3 | 45 | Tan Clay | | | | | · · · · · · · · · · · · · · · · · · · | |
| 45 | 90 | Fine Sand | | | | RECEIVE | terresis de la constant de la consta | |
| 50 90 | 93 | Tan Clay Med. Sand | <u>C</u> f |)RRF | CTFD - | | | |
| 93 | 100 | Shale | | / I \ I \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | - 102 (a 20 0 | 3. | |
| | 1.55 | | | | | | | |
| | | | | | 7. | IREAU OF WA | | |
| | | | | | | | | |
| | 1 | | | | | | | |
| 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) .5/28/09 | | | | | | | | |
| Kansas Water Well Contractor's License No. 238 This Water Well Record was completed on (mo/day/year) 5/28/09 under the business name of Premier Pump and Well Service, 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 | | | | | | | | |
| http://www.kdheks.com/hymtornyall/inday.html | | | | | | | | |
| KSA 82a-1212 Check: White Copy, Pink Copy | | | | | | | | |
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