| WATER WELL RECORD | | Form W | WC-5 | Div | vision of Wate | r Resources App. No | 0. | | |
|---|---|--|--|--|----------------|---------------------|--|-------------------------------|--|
| | | TER WELL: | 1 | | Section | n Number | Township No. | Range Number | |
| | : Harvey | | ¹⁄₄ S₩ ¹⁄₄ s₩ | | 35 | | T 23 S | R 2 DE VEW | |
| | | | f unknown, distance & | | | | System (GPS) in | | |
| from n | from nearest town or intersection: If at owner's address, check here X . Latitude: | | | | | | | , , , | |
| | | | | | | | Longitude: | | |
| ********* | | | | | Datum | ı: 🗍 WGS 84 | 4. □ NAD 83. □ | NAD 27 | |
| 2 WATER WELL OWNER: Ron Chronister | | | | | Collec | Collection Method: | | | |
| · · · · · · · · · · · · · · · · · · · | | | est St. GPS unit (Make/Model: | | | |) | | |
| City, State, ZIP Code : Halst | | | ead, KS 67056 | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m | | | | | |
| 3 LOCA | TE WELL | | | | 1 LSt. A | ccuracy. | 5 III, [] 5-5 III, [] | J-13 III, / 13 III | |
| | AN "X" IN | "IN 4 DEPTH OF COMPLETED WELL200 ft. x 4 holes | | | | | | | |
| SECTI | ON BOX: | | | | | | | | |
| | N WELL'S STATIC WATER LEVELn/.aft. below land surface measured on mo/day/yr4/.26/.11 | | | | | | | | |
| | Pump test data: Well water wasft. after hours pumping | | | | | | | | |
| | EST. YIELDn/agpm. Well water wasft. after hours pumping | | | | | | | | |
| w | E Bore Hole Diameterin. toft., andin. to | | | | | | | | |
| GIX. | Demostic Description Description Demostration Demostration Description | | | | | | | | |
| | I Irrigation I Industrial I Domestic layer & garden I Monitoring wall | | | | | | | | |
| <u> </u> | 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? | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC X Other .Polyethyleneloops | | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded x 4 holes | | | | | | | | | |
| Casing diameter3/.4 in. to | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify) | | | | | | | | | |
| ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | | |
| 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) | | | | | | | | | |
| From. ft. to ft., From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: F | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout 🖫 Bentonite Other | | | | | | | | | |
| Grout Intervals: From0 ft. to | | | | | | | | | |
| What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) | | | | | | | | | |
| Septic tank Lateral lin Sewer lines Cesspool | | | Sewage lagoon | | | | | | |
| Watertight sewer lines Seepage p | | | | ☐ Fuel storag | | Oil well/g | | | |
| | ion from well | | | | | ell .1.00ft | e | | |
| FROM | TO | LITHOLOG | FIC LOG | FROM | TO | LITHO. L | OG (cont.) <u>or</u> PLU | JGGING INTERVALS | |
| 0 | 3 Topso | | | | | | | | |
| 3 | | , brown | | - | | | | | |
| 21 | | , medium | | | | | | | |
| 37 115 | | , gray , fin to med: | 1.1m | | | | , | | |
| 167 | | , iiii to med. e, hard gray | LUIII | | | | | | |
| 107 | 200 Silaile | s, Haru gray | | | | | | | |
| | | | | | | | | | |
| | | | ······································ | | ···· | | | | |
| | | | | | | | | | |
| 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) 4/.26/.11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No | | | | | | | | | |
| Kansas W | /ater Well Contr | ractor's License N | lo138 This son Irrigation, | Water Well F | lecord w | as completed | d on (mø/day/year | <u>)</u> . 4. 5/2/11 | |
| under the | DUSINESS name | OI I CUCLS | PIFASE PRESS FIRM | Y and PRINT of | by (S | signature) | . J. | ct answers. Send three copies | |
| (white, blue | e, pink) to Kansas | Department of Health | and Environment, Bureau | of Water, Geol | ogy Section | on, 1000 SW Ja | ackson 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. | | | | | | | | | |