| WATE | K WEL | L RECORD | Form W | WC-5 | Division of Wate | r Resources App. No | 0. | |
|--|--|--|---|---------------------|--|---|-----------------------|--|
| 1 LOCATION OF WATER WELL: | | | Fraction | | Section Number | Township No. | Range Number | |
| County: Reno | | | NE 14 NE 14 SE | 14 SW 14 | 25 | | R6 □E ØW | |
| | Street/Rural Address of Well Location; if unknown, distance & direction | | | | Global Positioning System (GPS) information: | | | |
| | | | | Latitude: .38.01645 | | | | |
| HOM | from nearest town or intersection: If at owner's address, check here . | | | | | Longitude: 097.93164 (in decimal degrees) | | |
| | | | | | | Elevation: 1536 | | |
| | | | | | Datum: WGS 84, NAD 83. Z NAD 27 | | | |
| 2 WATER WELL OWNER: Ricky Snyder | | | | | | | | |
| THORY OHYGO! | | | | | Collection Method: GPS unit (Make/Model: Garmin 62S) | | | |
| RR#, Street Address, Box #: 48 Detroit Dr. | | | | | GPS unit (Make/Model: Committee Comm | | | |
| City, State, ZIP Code : South H | | | lutchinson, Kansas 67505 | | ☐ Digital Map/Photo, ☑ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☑ 3-5 m, ☐ 5-15 m, ☐ >15 m | | | |
| | | | | | Est. Accuracy: | 3 m, Z 3-5 m, | 5-15 m, <u></u> >15 m | |
| 3 LOCATE WELL | | | | | | | | |
| | TTH AN "X" IN 4 DEPTH OF COMPLETED WELL 44 ft. CTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. | | | | | | | |
| SECT | TION BO | X: Depth(s) Ground | Iwater Encountered | (1) | ft. (2) | ft. (| (3) ft. | |
| | N | WELL'S STATIC WATER LEVEL14 | | | | | | |
| | Pump test data: Well water wasft. after hours pumping gpm | | | | | | | |
| POT VITE D Well and a second beauty and a | | | | | | | | |
| 1 | | | | | | | | |
| W E Bore Hole Diameter 19 | | | | | | | | |
| | 7 | I I — | TO BE USED AS. | ol Gold water | a supply D | | Other (Specify below) | |
| 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? ✓ Yes □ No | | | | | | | | |
| | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter .5 | | | | | | | | |
| Casing height above land surface14 | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) | | | | | | | | |
| | Brass | Galvanized Steel | None used (open he | ole) | • • • • • | | | |
| 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 | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| CRAVED TACK INTERVALS. FIGHT. 18. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11 | | | | | | | | |
| From | | | | | | | | |
| | | ERIAL: Neat ceme | cnt Cement grout | V Benton | ite Uther | | | |
| Grout Intervals: From .20 ft. to .0 ft., From ft. to ft. 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 | | | | | | | | |
| | | | *************************************** | | rom well60! | | | |
| FROM | то | LITHOLOG | IC LOG | FROM | TO LITHO. L | OG (cont.) or PLU | IGGING INTERVALS | |
| 0 | 3 | Top soil | | | | | | |
| 3 | 9 | Brown clay | | | | | | |
| 9 | 12 | Brown clay and sandy | | | | | | |
| 12 | 44 | Medfine sand and gra | wal . | | | | | |
| 12 | 77 | WedInte Sand and gra | IVEI | | | | | |
| | | | | | | | | |
| | | · ···································· | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| A CONTRACTORIS OR LANDOWNERS CORPORATE CONTRACTOR OF THE CONTRACTO | | | | | | | | |
| 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) .8/21/2013 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/year) 8/21/2013 | | | | | | | | |
| under the business name of Rosencrantz-Bernis Ent, by (signature) | | | | | | | | |
| INSTRUCTIONS: Use ty pewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three conies | | | | | | | | |
| (white, blue, pink) to Kansas Depar tment of Health and E nyironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. | | | | | | | | |
| Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Vi sit us at | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html | | | | | | | | |
| KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | | | | | | | |