| WATER WELL R | | WWC-5 | | ision of Water | | North W | Vell | |
|--|---|--------------------------------------|--|---|--|--|------|--|
| Original Record | | ge in Well Use | | urces App. No. | | Well ID | | |
| 1 LOCATION OF WATER WELL: County: Reno | | Fraction NE ¼ NW ¼ NW ¼ | | tion Number 12 | Township Numb | | | |
| | | | | | | R 6 □E ■ | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance an direction from nearest town or intersection): If at owner's address, check here Address: 1602 North Main | | | | | | | | |
| Address: City: Hutchinson State: KS ZIP: 67501 | | | | | | | | |
| 3 LOCATE WELL | T | | | T | 00.0745 | | | |
| WITH "X" IN | | 4 DEPTH OF COMPLETED WELL:47 ft. | | | | 5 Latitude: 38.07151 (decimal degrees) | | |
| SECTION BOX: | Depth(s) Groundwater | Longitude:097.92939(decimal degrees) | | | | | | |
| N | 2) ft. WELL'S STATIC WA | | Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ■ NAD 27 | | | | | |
| | □ below land surface | Source for | Source for Latitude/Longitude: GPS (unit make/model:Garmin 62S) | | | | | |
| NW NE | above land surface | 0.0 | (WAAS enabled? ☐ Yes ■ No) | | | | | |
| NW NE | Pump test data: Well v | | ☐ Land Survey ☐ Topographic Map | | | | | |
| w | after hour | | Online Mapper: | | | | | |
| SW SE | Wellv | | | | | | | |
| 5W 5L | after hour | 6 Elevatio | ու 1544 դ | . Ground Level T | TOC | | | |
| S | Estimated Yield:gpm Bore Hole Diameter:16 in. to47 ft. and | | | Source: Land Survey GPS Topographic Map | | | | |
| mile | | in. to | | _ | | or o la ropograpine i | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | 10. □ Oil F | ield Water Supply: 16 | ease | | |
| Household | 6. Dewaterin | g: how many wells? | | 11. Test Hole: well ID | | | | |
| ☐ Lawn & Garden | 7. Aquifer Recharge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| Livestock | 8. Monitorin | 12. Geothermal: how many bores? | | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | ☐ Air Sparg ☐ Recovery | | xtraction | b) Oper | Loop Surface Di | scharge \square inj. of wate | er | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? ■ Yes □ No | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| Casing diameter | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify) | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 18 ft. to 0 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | |
| ■ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | |
| Other (Specify) Direction from well? .So. | th | Di-t C | 60 | | ^ | | | |
| 10 FROM TO | LITHOLO | | FROM | | | r PLUGGING INTERV <i>A</i> | ATC | |
| TO FROM TO | LITHOLO | GIC LUG | FROM | 10 L1 | THO. LOG (cont.) of | FLUGGING INTERVE | ALS | |
| | | | | | | | | |
| I I | RECONSTRUCTED | TO FLUSH MOUNT | | | the state of the s | | | |
| | 1 FOOT BELOV | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | · | * | Notes: | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \square constructed, \blacksquare reconstructed, or \square plugged | | | | | | | | |
| under my jurisdiction ar | nd was completed on (n | no-day-year) .1.114-2 | 01.9 and | this record is t | rue to the best of m | y knowledge and belie | ef. | |
| Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo-day-year) 1-17-2020 | | | | | | | | |
| under the business name of Rosencrantz-Bemis Ent. Signature Dada Dada Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, | | | | | | | | |
| 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | | |
| Visit us at http://www.kdheks | | | KSA 82a-12 | | | Revised 7/10/2015 | ; | |