| XX/ A | TFD | WELL | DEA | CODD | | | Form W | V.W.C5 | • | Divisio | n of Wata | er Resources; | Ann No | |
|--|---|--------------------|-------------|--------------|------------------|----------|---|---|-----------------|--|--------------|----------------------|---|---------------------------|
| 1 | LOCA | TIONO | F WA | TER W | ELT. | Fr | action | * ** C- 3 | , | | | Township | | Range Number |
| 1 | | | | | | | | W/ W/ | <u>=</u> 1/4 | Section 1 | | T 24 | | R / E/ |
| | County: Harvey SE1/4 NW1/4 NE1 Distance and direction from nearest town or city street address of well if | | | | | | | | l if | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | | |
| | located within city? 3 mi N. 1'ly w of Sedgewick | | | | | | | | | Latitude: | | | | |
| | located within city? 3 mi N, 1'ly w of Sedgewick 7607 sw 60th | | | | | | | | | Longitude: | | | | |
| 2 | WATER WELL OWNER: Mark Overholtzer | | | | | | | | | Elevation: | | | | |
| | RR#, | St. Addre | ss, Bo | x#: | 7607 | 5 4 | 6015 | | | Datum: | | | | |
| | City, State, ZIP Code : Sedywick, KS 67135 | | | | | | | | - | Data Collection Method: | | | | |
| 3 | LOC | TE WEI | LL'S | 4 DEP | TH OF CO | | | | | | | | | |
| | LOCATION | | | | | | | | | | | | | |
| | WITH AN "X" IN Depth(s) Groundwater Encountered (1) | | | | | | | | | | | ft. | | |
| | SECTION BOX: WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | | | | | y/yr. 1028-05 | | |
| | Pump test data: Well water wasft. after | | | | | | | | | | | | gpm | |
| | Est. Yieldgpm: Well water wasft. after | | | | | | | | | | | gpm | | |
| | | | | | | | | | | | | jection well | | |
| W | Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below 12 Other) | | | | | | | | | | | ther (Specify below) | | |
| | 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | | | | | | | | |
| | SW SE Wy I SE Wy I SE Wy I SW SE Wy I SE Wy Wy I SE Wy I SE Wy | | | | | | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted | | | | | | | | | | | | | If yes, mo/day/yrs |
| | | | | Sample | was submitt | æa | • | • | wat | er well disii | ntected? | Yes | . No | •••• |
| | | S | | | | | | | | | | | | |
| 5 | | | | | 5 Wroug | | | | | | | | | Clamped |
| | | | | P (SR) | 6 Asbest | | | 9 Other | (specif | y below) | | | | |
| - D1 | $\mathcal{O}^{\mathbb{P}}$ | VC . | 4 ABS | S | 7 Fibergl | ass | a n: | | | | | | Threade | d |
| Bla | ank cas | sing diame | eter | ک | ın. to | ج. | ft., Diame | ter | | ın. to | It., | Diameter. | | . in. toft. |
| | | | | | ATION MA | | | toL.e. | A. F | lbs./π. | wall th | ickness or g | uage No. | 160 |
| 11 | | teel | | inless Ste | | berglas | | WC | 0 | ADC | | 11 Other | (Specify) | |
| | | Brass | | lvanized | | | | | | Asbestos-C | | | | |
| SC | | | | | PENINGS A | | the or | CIVI (SIC) | 10 | ASUCSIUS-C | Cincin | 12 INOIC (| used (open | ii noic) |
| | | Continuous | | 3 Mill | | | d wrapped | 1 7 To | rch cut | 9 Drille | ed holes | 11 Nor | ne (open h | nole) |
| | 2 L | ouvered s | shutter | 4 Key | punched 6 | Wire | wrapped | c⊘ Sa | aw Cut | 10 Othe | er (specif | fy) | | |
| SC | REEN | -PERFOI | RATE | D INTÉR | VALS: From | m | 63 | ft. to | 8.3 | ft., | From | | ft. to . | ft. |
| | | | | | Fro | m | | . ft. to | | ft., | From | | ft. to . | ft. |
| | (| GRAVEL | PACI | K INTER | | | | | | | | | | ft. |
| | | | | | Fro | m | 45 | . ft. to | <i>8.5</i> . | 7 ft., | From | | ft. to . | ft. |
| | CDOI | TO BE A TOTAL | | 1.31 | | 2.0- | | ~ | | 4.045 | | | | |
| | | JT MATI ervals: | EKIAI Em | L: IN | eat cement | 2 Cen | nent grout | Ben | tonite | 4 Other | | | • | ft. toft. |
| 1 | | | | | ible contami | | | iom | <i>z</i> | . 11. 10 | 1 | it., FIOIII | | 11. 1011. |
| ** | | Septic tank | | | 4 Lateral line | | | 16 | 0 Lives | tock pens | 13 In | secticide Sto | orage | 16 Other (specify |
| | | Sewer line | | | Cess pool | | ewage lage | | 1 Fuel s | | | bandoned w | _ | ` . |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well | | | | | | | | | | | | | | |
| Di | | | | | | | | Н | low ma | ny feet? | 125 | | | |
| | ROM | TO | | | LITHOLOG | | | | FRON | | | | | ΓERVALS |
| | 0 | 23 | F | San | d + 5.4 | | | | | | | | | |
| | | 30 | R | n C/0 | | | | | | | | | | |
| | 30 | 38 | 1 | | Clay | | | | | | | | | |
| ز | 38 | 50 | Br | Cla | | | | | | | | | | |
| ی | 23 30 38 | 60 | F- | -M 5 | and | | | | | | | | | |
| | 50 | 74 | Sa | nd + | Sm G | . a.v. e | 2/ | | | | | | | |
| | 74 | 85 | ~ | | d-Lay | | | lau | | | | | | |
| | | | | | | | - | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7 (| CONT | RACTO | R'S O | R LAND | OWNER'S | CERT | TFICATI | ON: Th | is wate | r well was | const | ructed, (2) 1 | reconstruc | cted, or (3) plugged |
| un | der my | / jurisdicti | ion and | d was cor | npleted on (r | no/day | /year) 🖊 | 10.7.28 | an Co. | d this recor | d is true | to the best | of my kno | owledge and belief. |
| Ka | ansas V | Vater Wel | l Cont | ractor's I | License No | 447 | ? This | s Water ' | Well R | ecord was c | omplete | d on (mo/da | ıy/year) 🦽 | 11-19-05 |
| un | der the | business | name | of / | iller 1 | 11/1 | ling | | 1 | by (signatu | re) | -mil | les_ | correct answers. Send top |
| IN | STRUC | TIONS: U | se typev | vriter or ba | ll point pen. P. | LEASE I | PRESS FIRM | fLY and PL | <i>RINT</i> cle | arly. Please f | ill in blank | cs, underline o | r circle the | correct answers. Send top |

KSA 82a-1212

three copies 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 to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at

http://www.kdhe.state.ks.us/geo/waterwells.

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