

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Reno</u> Distance and direction from nearest town or city street address of well if located within city? <u>SE Edge of Partridge</u>		Fraction <u>SE 1/4 SE 1/4 NE 1/4</u>		Section Number <u>16</u>	Township Number <u>T 24 S</u>	Range Number <u>R 7 E</u>																																																																		
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : <u>10705 W State Rd 61</u> City, State, ZIP Code : <u>Partridge, KS 67566</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> E S											<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>37</u> ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>24</u> ..... ft. below land surface measured on mo/day/yr. <u>9-1-08</u> Pump test data: Well water was..... <u>27</u> ..... ft. after..... <u>1</u> ..... hours pumping..... <u>30</u> ..... gpm Est. Yield..... gpm: Well water was..... ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply <input checked="" type="checkbox"/> 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>X</u> ..... No .....																																																													
<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <input checked="" type="checkbox"/> PVC 4 ABS 7 Fiberglass Blank casing diameter ..... <u>5</u> ..... in. to ..... <u>27</u> ..... ft. Diameter ..... in. to ..... ft. Diameter ..... in. to ..... ft. Casing height above land surface..... <u>12</u> ..... in. Weight ..... <u>2.35</u> ..... lbs./ft. Wall thickness or gauge No. <u>160</u> <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="checkbox"/> PVC 9 ABS 11 Other (Specify) ..... 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped <input checked="" type="checkbox"/> Saw cut 10 Other (specify) ..... <b>SCREEN-PERFORATED INTERVALS:</b> From..... <u>27</u> ..... ft. to ..... <u>37</u> ..... ft. From ..... ft. to ..... ft. From..... ft. to ..... ft. From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From..... <u>23</u> ..... ft. to ..... <u>42</u> ..... ft. From ..... ft. to ..... ft. From..... ft. to ..... ft. From ..... ft. to ..... ft.																																																																								
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other ..... Grout Intervals: From ..... <u>3</u> ..... ft. to ..... <u>23</u> ..... ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <input checked="" type="checkbox"/> Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well Direction from well? ..... <u>NW</u> ..... How many feet? ..... <u>75</u> .....																																																																								
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>8</td><td>Br Clay</td><td></td><td></td><td></td></tr><tr><td>8</td><td>30</td><td>F-C Sand</td><td></td><td></td><td></td></tr><tr><td>30</td><td>33</td><td>Sand Stone</td><td></td><td></td><td></td></tr><tr><td>33</td><td>37</td><td>Sand + Sm Gravel</td><td></td><td></td><td></td></tr><tr><td>37</td><td>42</td><td>Rocky wt Clay</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	8	Br Clay				8	30	F-C Sand				30	33	Sand Stone				33	37	Sand + Sm Gravel				37	42	Rocky wt Clay																																	
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>9-1-08</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>447</u> ..... This Water Well Record was completed on (mo/day/year) ..... <u>9-4-08</u> ..... under the business name of <u>Miller Drilling</u> by (signature) <u>[Signature]</u> <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top 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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																																																																								



Health Department  
& Home Health Agency

*"Healthy living in a healthy community."*

RENO COUNTY  
209 West Second Ave.  
Hutchinson, Kansas 67501  
620-694-2900  
Fax 620-694-2901  
TDD 620-694-2925

3-22-2013

Jared Oatney  
7705 S. Partridge,  
Oatney Automotive at 10705 W. K-61 Hwy  
Partridge, KS 67566


Dear Jared,

Reno County Health Department Environmental Staff have spoken to you on 3-15-2013 and have driven by your property on 3-23-2010 and 7-21-2011, in which it was noted the well had been drilled, but not connected for use. Due to lack of activity on your permitted well located at 10705 W. K-61 Hwy, your well must be registered as inactive with the Kansas Department of Health and Environment and the Equus Beds Ground Water Management District No. 2. Enclosed are both of the agency's forms that need to be completed. Also enclosed is a copy of your well log to assist you with completing the appropriate paperwork.

A properly drilled well may remain inactive with minor maintenance to the property owner and later placed in use. It is the land owner's responsibility to notify the Kansas Department of Health and Environment and the Equus Beds Ground Water Management District No. 2 of any changes in the status of the well, and to submit a request to both of the above agencies for additional time once the initial period has expired. The above agencies will keep us posted of any correspondence.

Please feel free to contact me at 620-694-2900 if you have any further questions.

Sincerely,

  
Darcy Basye  
Reno County Health Department  
Environmental Health Coordinator  
209 W. 2<sup>nd</sup>  
Hutchinson, KS 67501

CC: file, KDHE, GMD#2, Director

ENC: Inactive water well request form wwc-6KSA  
Equus Beds Groundwater Management District No. 2 Inactive Well Agreement  
Well log