| WATE | R WELL | RECORD | Form W | WC-5 | | r Resources App. No | |
|--|---|--|-------------------|-------------------|--|--|--|
| | ATION O | F WATER WELL: | Fraction 1/4 1/4 | 1/4 NW 1/4 | Section Number 21 | Township No. T 24 S | Range Number R 9 □E ☑W |
| Stree | t/Rural Ad | dress of Well Location; i | | | Global Positioning | | |
| | from nearest town or intersection: If at owner's address, check here . Latitude: .37,955288 | | | | | | |
| from | from Langdon Rd go W on Longview Rd .2m W to well site | | | | Longitude: -98.331638 (in decimal degrees) | | |
| | th side of | | | Elevation: | | | |
| 2 WA | TER WEI | L OWNER: Unit Pet | roleum / M&M Farm | s 20-1H | Collection Method: | f, [] NAD 65, [] | NAD 27 |
| | | | x 702500 | | GPS unit (Mak | e/Model: |) |
| City | , State, ZIP | 0.01 | K 74170-2500 | | ☐ Digital Map/Ph | oto, 🔲 Topographi | c Map, Land Survey |
| · · · · · · · · · · · · · · · · · · · | | The second secon | | | Est. Accuracy: \square < | 3 m, 🔲 3-5 m, 🔲 | 5-15 m, □ >15 m |
| 3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 105 ft. | | | | | | | |
| | FION BOX: Depth(s) Groundwater Encountered (1) | | | | | | |
| | N WELL'S STATIC WATER LEVEL 26ft. below land surface measured on mo/day/yr. 12/04/12 | | | | | | |
| Pump test data: Well water wasft. after hours pumpinggpm | | | | | | | |
| NW NE EST. YIELDgpm. Well water wasft. after hours pumping gpm | | | | | | | |
| W | | | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | |
| SW SE | | | | | | | |
| 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 .8 in. to .85 ft., Diameter in. to ft., Diameter ft. | | | | | | | |
| Casing height above land surface. 24 in., Weightlbs./ft., Wall thickness or gauge No | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) | | | | | | | |
| Brass Galvanized Steel None used (open hole) 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 | | | | | | | |
| | GRAVEI | PACK INTERVALS: | From | π. τοΑγ ft. to | ft From | 11. fr | to ff |
| From | | | | | | | |
| Grout Intervals: From 20 ft. to 0 ft., From ft. to ft. from ft. to ft. | | | | | | | |
| What is | the neares | t source of possible conta | amination: | | | | |
| 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 ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ✓ Oil well/gas well | | | | | | | |
| | | well | | | from well | | |
| FROM | | LITHOLOG | | FROM | | | JGGING INTERVALS |
| 0 | | Sand | | | | | |
| 5 | 10 8 | Sand | | | | | · · · · · · · · · · · · · · · · · · · |
| 10 | | Sand | <u> </u> | | | | |
| 20 | | Sand | | | | | |
| 30 | | Sand/little Clay | A | | | | |
| 60 | | Blue Clay | | | | | |
| 80 | | Blue Clay/Sand | Chala | | | | <u> </u> |
| 100 | 105 I | Blue Clay/little Sand & | Snale | | | water of the state | |
| | - | | <u> </u> | | | <u></u> | The state of the s |
| 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) .12/04/12 and this record is true to the best of my knowledge and belief. | | | | | | | |
| Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 12/31/12 | | | | | | | |
| under the business name of Pratt Well Service, Inc. by (signature Section 1981) | | | | | | | |
| 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 copies | | | | | | | |
| (white, blue, pink) to Kansas Depar tment of Health and E nvironment, 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://ww | w.kdheks.gov | 24. Send one copy to WAI //waterwell/index.html. | ER WELL OWNER and | i etam one for y | our records. I nerude le | or about the each of | onsulucted went vi sit us at |
| KSA 82a | | | | | Check: W | hite Copy, 🔲 Bl | ue Copy, Pink Copy |