WATER WELL I	RECORD	Form V	VWC-5	Div	ision of Water		MW-6	
Original Record	Correction	Change	in Well Use	Reso	ources App. No		Well ID 7100	
1 LOCATION OF V	VATER WEL	L:	Fraction		tion Number	Township Numb	er Range Number	
County: Reno			SW1/4 NW 1/4 SE 1/4	sw¼ 5 T 25 S R 4 □ E ■ W			R 4 □E ■ W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance an								
Business: Mid Kansas Cooperative direction from nearest town or intersection): If at owner's address, check here:								
Address: 112 west 2nd street Address:								
14-								
City: Haven 3 LOCATE WELL	Т	State. NO	ZIF:				A CONTRACTOR OF THE CONTRACTOR	
WITH "X" IN	4 DEPTH	OF COM	PLETED WELL:	30 ft			38 1 Z 9 (decimal degrees)	
SECTION BOX:		Depth(s) Groundwater Encountered: 1)						
N	2)	ft. 3) ft., or 4)	Dry Well	Horizon	Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27		
	I —		ER LEVEL:			Source for Latitude/Longitude:		
	below land surface, measured on (mo-day-yr)					GPS (unit make/model:)		
NW NE		Pump test data: Well water was ft.				(WAAS enabled? Yes No)		
w E		after hours pumpinggpm				☐ Land Survey ☐ Topographic Map ☐ Online Mapper: Google Earth		
		Well water was ft.						
SW SE	after	after hours numping gram						
	Estimated Y	ield:	gpm	6 Elevatio		n: NA Ground Level TOC		
S	Bore Hole I	Diameter:	3.25 _{in. to} 30	. ft. and			GPS Topographic Map	
mile			in. to	ft.		Uther		
7 WELL WATER TO BE USED AS:								
1. Domestic: Household			er Supply: well ID				ease	
Lawn & Garden	or a service and it is a s					le: well ID		
Livestock						ed Uncased ()		
2. Irrigation	Irrigation 9. Environmental Remediation: well ID					12. Geothermal: how many bores?		
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extr					b) Open Loop Surface Discharge Inj. of Water			
4. Industrial		Recovery	☐ Injection		13. 🔲 Othe	r (specify):		
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 IOINTS: ☐ Glued ☐ Clamped ☐ Welded ■ Threaded								
Casing diameter								
Casing diameterin. toft., Diameterin. toft. Casing height above land surface0 in. Weightlbs./ft. Wall thickness or gauge No. Sch. 40								
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 Punch	ied ∐ Wi	re Wrapped ☐ Sav	v Cut	one (Open Hol	e)		
SCREEN-PERFORAT	ED INTERVA	ALS: From	13 tt. to	ft., From .	ft. to .	ft., From	ft. to ft.	
GRAVEL PACK INTERVALS: From 13 ft. to 30 ft., From ft. to ft. From ft. to ft.								
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other								
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?								
Direction from well?				11?				
10 FROM TO		ITHOLOG		FROM	TO L	ITHO. LOG (cont.) or	PLUGGING INTERVALS	
	Clay, brown,							
	Clay, light red							
	Clay, light red							
23 30	uay, light red	brown, w	et-saturated					
	Notes:							
11 CONTRACTORIS OR LANDONAURRIS OFFICE STORY								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 9/6/2018 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractors S. License No. 604								
under the business nam	e of Environ	mental Pri	ority Service. Inc.	Sie Well Rec	nature	mt (IIIo-day-ye	ω)\ μ. ω .ι/.151	
Mail 1 white copy al	ong with a fee of	\$5.00 for each	constructed well to: Kans	as Department	of Health and En	vironment, Bureau of Wa	ater, 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.								
							Revised 7/10/2015	