| WATER WELL RECORD | | Form WWC-5 | | Di | Division of Water Resources App. No. 20090193 | | | |
|--|--|--------------------------|--------------------------------|---|---|----------------------------|-----------------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section | on Number | Township No. | Range Number | |
| County: Pratt | | 1/4 NE 1/4 NE 1/4 NW 1/4 | | | 22 T 26 S R 13 □E 🖾 W | | | |
| | | if unknown, distance & | Globa | Global Positioning System (GPS) information: | | | | |
| from nearest town or | owner's address, checl | | Latitude: (in decimal degrees) | | | | | |
| | | | | | Longitude: (in decimal degrees) | | | |
| 3N of Iuka, KS | | | | Eleva | Elevation: | | | |
| 2 WATER WELL OWNER: Warren Meireis | | | | | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| RR#, Street Address, Box #: 80097 NE 140th Ave. | | | Collec | Collection Method: GPS unit (Make/Model:) | | | | |
| | de : Presto | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | | |
| City, Build, Zill Col | . 110300 | 711, KS 07505 | | Est. Accuracy: \square <3 m, \square 3-5 m, \square 5-15 m, \square >15 m | | | | |
| 3 LOCATE WELL | | | | | - | | | |
| WITH AN "X" IN 4 DEPTH OF COMPLETED WELL126 | | | | | | • | | |
| SECTION BOX: | | | | | | | | |
| N | WELL 5 STATIC WATER LEVELTu below faild sufface flicasured of morday/y1.047.137.15 | | | | | | | |
| Pump test data: Well water wasft. after hours pumping | | | | | | | | |
| | | | | | ft. after hours pumping gpm | | | |
| W E Bore Hole Diameter | | | | | | | | |
| WELL WATER XXXXX USED AS: Public water supply Geothermal Injection well | | | | | | | | |
| Oil field water supply Dewatering Other (Specify below) | | | | | | | | |
| ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| 1 mile Water well disinfected? ▼ Yes No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter5 in. to106 ft., Diameter ft., Diameter ft., | | | | | | | | |
| Casing height above land surface3ftbelown., Weight2.8lbs./ft., Wall thickness or gauge NoSch40 | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| Steel Stainless Steel VC 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: From106 | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From20 | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| | | | n64 | ft. to | 89 ft., | , From | ft. toft. | |
| What is the nearest sou | | | | | | | | |
| Septic tank | Lateral lin | | | | | | her (specify below) | |
| Sewer lines | er lines Seepage p | | ge storage | | | | | |
| | | | | | _ | as well | | |
| FROM TO | LITHOLOG | | FROM | TO | | | UGGING INTERVALS | |
| TROM TO | LITTOLOC | IC EOG | 126 | 89 | gravel | 00 (cont.) <u>or</u> 1 2 c | JOSH CO II (TER VILE) | |
| MG I | unit Capitiva | Horkovon | 89 | 64 | bentoni | +0 | | |
| Più t | ante capitiva | HOI KUYEI | 64 | 40 | | LC | | |
| C+2 | rling Drilling | Company | 40 | <u>40</u> 3 | gravel | te | PARAMAN B. | |
| | D. Box 1006 | Company | 3 | 0 | | | | |
| | tt, KS 67124 | | 3 | U | top soi | | | |
| Fiai | LL, NS 0/124 | | - | | | | | |
| | | | | | | Walter and and | | |
| | | | | | : | | | |
| | | | | | | | | |
| 7 CONTRACTOR'S | OD I ANDOWNEI | P'S CEDTIFICATIO | N. This wat | er well v | was D const | ructed \square reconst | nucted or [V] plugged | |
| 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)04/13/10 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No186 This Water Well Record was completed on (mo/day/year)04/17/10 | | | | | | | | |
| under the business name of .Kelly's .Water .Well .Service Inc by (signature) .Kathung . & Lord | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies | | | | | | | | |
| (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | | | | |
| | rweii/index.html. | | | | | | | |
| KSA 82a-1212 | | | | | | | | |