| WATER WELL R | ECORD | Form V | WWC-5 | Div | ision of Water | | | | |
|---|---|---|-------------------------------|----------------|--|--|----------|---------------------------------------|--|
| Original Record | Correction | ☐ Chang | e in Well Use | Resc | urces App. No | | Well ID | L | |
| 1 LOCATION OF WA | | L: | Fraction NE 1/4 SE 1/4 NE 1/4 | | tion Number | 1 - | | ge Number | |
| County: SEDGWIC | NE ¼ | | | | | | | | |
| 2 WELL OWNER: Last Name: REICHENBEF First: KURT Street or Rural Address where well is located (if unknown, distance a | | | | | | | | | |
| Business: | | | | direction from | rection from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: 520 S 1ST ST Address: | | | | | | | | | |
| City: COLWICH | | State: KS | ZIP: 67030 | | | | | | |
| 3 LOCATE WELL | 1 | | | GE a | T | | | | |
| WITH "X" IN | 4 DEPTH | 4 DEPTH OF COMPLETED WELL:65 ft. Depth(s) Groundwater Encountered: 1)30 ft. | | | | 5 Latitude:(decimal degrees) | | | |
| SECTION BOX: | | | Encountered: 1) | | Longit | ude: | | (decimal degrees) | |
| N | WFI L'S ST | CATIC WA | TER LEVEL:2 | Dry Well | | Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | |
| | below l | and surface | , measured on (mo-day- | vr) 05/03/2010 | | S (unit make/model: | | \ | |
| X NW NE | | | , measured on (mo-day- | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| | | | vater was f | | │ □ Laı | ☐ Land Survey ☐ Topographic Map | | | |
| W E | after hours pumping gpm | | | | | | | | |
| SW SE | Well water was ft. | | | | | | | | |
| | after hours pumping | | | | | | | Level 🗆 TOC | |
| S | Bore Hole Diameter: 9.5 in. to 65 ft. and Source: Land Survey GPS Topographic | | | | | | | | |
| mile | | in. to | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | 5. □ | Public Wa | ater Supply: well ID | | 10. 🔲 Oil | Field Water Supply: 1 | ease | | |
| ☐ Household | 6. Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | | |
| Lawn & Garden | 7. Aquifer Recharge: well ID | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| Livestock | | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | |
| 2. Trrigation 3. Feedlot | 9. Environmental Remediation: well ID | | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 4. Industrial | | All Sparge Recovery | | Extraction | | | | | |
| | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | | |
| 8 14 PE OF CASING USED: Steel PVC Other | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | |
| 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 Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 60 ft. to 70 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 26 ft. to 70 ft., From ft. to ft. ft. | | | | | | | | | |
| OKAVEL PACK INTERVALS: From | | | | | | | | | |
| 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 | | | | | | | | | |
| Other (Specify) Direction from well? SOUTH Distance from well? 47 | | | | | | | | | |
| | | | | | | | | C DITERIAL C | |
| 10 FROM TO TO T | OP SOIL | ITHOLOG | GIC LUG | FROM | 10] | LITHO. LOG (cont.) o | PLUGGIN | GINIEKVALS | |
| | CLAY | | | | | THE PARTY OF THE P | | | |
| | INE SAND | | | | | | | | |
| | MED SAND | | | | | | | | |
| JZ 10 IV | ILU SAND | | | + | | *************************************** | | | |
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| | , , | | | Notes: | L | · · · · · · · · · · · · · · · · · · · | | | |
| | | to to | | 1,000 | | | | ſ | |
| | | | | | | | | | |
| 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) 05/03/2016 and this record is true to the best of my knowledge and belief | | | | | | | | | |
| Kansas Water Well Contractor's License No. 884. This Water Well Record was completed on (200-day-year) 05/19/2016. under the business name of WENINGER DRILLING. LLC. Signature | | | | | | | | | |
| under the business name | of WENIN | GER DRI | LLING, LLC | Si | gnature | | | | |
| Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, 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. | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | |
| we we say port to to to the state that | G WIVE !! UID 1 | | | 14 | | | TO T IOU | · · · · · · · · · · · · · · · · · · · | |