WATER W	ELL RECORD	Form W	WC-5	Div	ision of Wate	r Resources App. N	o.		
1 LOCATIO	N OF WATER WELL:	Fraction	NIVA/	Sectio	n Number	Township No.	Range Nu		
County:	Kiowa al Address of Well Location;	1/4 NW 1/4 NE		Global	22 Positioning	T 30 S System (GPS) info	R 19]	□E 🛛 W	
from neare	st town or intersection: If at	n unknown, distance & owner's address, check	here	Latitu	le:	37.424448	(in decin	nal degrees)	
Approximately 12 miles south and 5 miles west of Greensburg.				Langie	Latitude: 37.424448 (in decimal degrees) Longitude: -99.387096 (in decimal degrees)				
Approximate	72 TIMOS COURT GITG 5 T	Elevat	Elevation: UNKNOWN						
2 WATER WELL OWNER: John Rose					Datum: WGS 84, NAD 83, NAD 27 Collection Method:				
RR#, Street Address, Box #: 22327 13th Ave					Confection Method: ■ GPS unit (Make/Model: WAAS)				
City, State, ZIP Code : Mullinville, KS 67109				☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m					
							5-15 m,	>15 m	
3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 192 ft.									
SECTION BOX: Depth(s) Groundwater Encountered (1), ft. (2) ft. (3)									
SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL 111.60 ft. below land surface measured on mo/day/yr 07/13/11 ft.									
Pump test data: Well water was not checked ft. after hours pumping gpm									
W Construction of the second control of the									
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well									
sw sp Domestic Feedlot Oil field water supply Dewatering Other (Specify below)									
L L L L Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No									
S If yes, mo/day/yr sample was submitted									
[1 mile] Waterwell disinfected? ☐ Yes ☒ No									
5 TYPE OF CASING USED: Steel PVC Other									
CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter 5 in. to 135 ft., Diameter 5 in. to 190 ft., Diameter in. to ft. Casing height above land surface 24 in., Weight 2.37 lbs./ft., Wall thickness or gauge No214									
Casing height above land surface in., Weight List, Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL:									
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel									
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)									
Continuous stot Mill stot Catize wrapped Torch cut Difficultions Two to open total Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 135 ft. to 165 ft., From ft. to ft.									
SCREEN-PE	RFORATED INTERVALS:	From 135	ft. to1	65	ft., From	ft.	to	ft.	
	AVEL PACK INTERVALS:	From	ft. to	05	ft., From	ft.	to	ft.	
GRA	AVEL PACK INTERVALS:	From 22	ft. to!		ft., From	tt.	to	It.	
(CDOUT M	ATEDIAL. Neet come	From Coment grout	II. IO	nite [Other	П.	10	IL.	
Grout Interv	ATERIAL: Neat ceme	ft From		ft. to	22 ft	From	ft. to	ft.	
What is the ne	earest source of possible conta	mination:							
Septio	c tank 🐪 🔲 Lateral lir	nes 🔲 Pit privy	Livestock		Insecticide		er (specify b	elow)	
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well							own		
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well ☐ Distance from Well ☐									
FROM TO		IC LOG	FROM	ТО	LITHO. LO	OG (cont.) <u>or</u> PLU			
0 4	1 Topsoil		135	147		vel, fine - mediu	ım, with cl	ay streaks	
4 6			147	148	Cemented				
6 15			148	160		vel, fine - mediu		ay streaks	
15 10		n, caliche	160 165	165 182		vel, fine - mediu vn, sandy, firm	ΉΠ		
101 102 102 107			182	191		e, brown, hard			
102 107 107 113	Clay, white, caliche Clay, white, with sand streaks		191	193		d shale, yellow, brown			
113 122		Sand, gravel, fine - medium		195	Dakota clay, white, gray				
122 135			193			<u> </u>			
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) 07/13/11 and this record is true to the best of my knowledge and belief.									
1 arraer m) Januarian min 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1									
Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 0//22/11 under the business name of Clarke Well & Equipment, Inc. by (signature)									
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.									
(white blue nin	k) to Kansas Department of Health	and Environment, Bureau	of Water, Geo	logy Section	on, 1000 SW J	ackson St., Suite 420.	Lopeka, Kans	sas 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.									
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy									