| | | | WWC-5 | Division of Water | | | | | |
|---|-------|--|--------------------------------|--|---|---|---------|--------------|--|
| | | | e in Well Use | | sources App. No | | Well ID | | |
| 1 LOCATION OF WATER WELL: County: Clark | | | Fraction NE 1/4 NW 1/4 SE 1/4 | 1 | | | | nge Number | |
| | | ast Name: Marshall | | | | 13 T 30 S R 25 ☐ E ☑ W al Address where well is located (if unknown, distance and | | | |
| Business: | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: 209 Cottonwood | | | | | | | | | |
| Address: City: Minneola State: KS ZIP: 67865 | | | | | | | | | |
| 3 LOCATI | | | 225 | | - 37./306 | :O | | | |
| WITH " | X" IN | 4 DEPTH OF COM Depth(s) Groundwater | | | | | | | |
| SECTIO | | 2) ft. | 3) ft., or 4) | Dry Well | | Datum: WGS 84 NAD 83 NAD 27 | | | |
| WELL'S STATIC WA | | | TER LEVEL:56 | ? ft. | Source | Source for Latitude/Longitude: | | | |
| | | | , measured on (mo-day- | yr). 2/03/201 | ë □ GI | GPS (unit make/model:) | | | |
| □ above land surface, Pump test data: Well w | | | , measured on (mo-day- | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | |
| | | | s pumping | | | | | | |
| Well w | | | vater was f | t. | | | | | |
| | | | s pumping | gpm | 6 Elevat | 6 Elevation: 2541ft. ☑ Ground Level ☐ TOO | | | |
| Estimated Yield:18 S Bore Hole Diameter: | | gpm 10 in. to 235 | ft and | nd Source: ☐ Land Survey ☐ GPS ☐ Topograp ☑ Other KOLAR | | opographic Map | | | |
| | | | in. to | | | Other KOLAR | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | 5. 🔲 Public Wa | ater Supply: well ID | | | Field Water Supply: 1 | | | |
| ☑ Housel | | | | | | | | | |
| | | | echarge: well ID g: well ID | | | | | | |
| 2. Irrigati | | al Remediation: well II | | | | | | | |
| | | | | Extraction | , | | | | |
| 4. 🔲 Industr | ial | ☐ Recovery | | | | ner (specify): | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑ No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? 77 Voc. DNo. | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded | | | | | | | | | |
| 8 TYPE OF CASING USED: □ Steel □ PVC □ Other □ CASING JOINTS: □ Glued □ Clamped □ Welded □ Threaded Casing diameter 5 in. to 235 ft., Diameter in. to in. to | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Stainless Steel □ 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: From155 ft. to235 ft., From | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Dentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| 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) ☐ Other (Specify) | | | | | | | | | |
| Direction from well? Distance from well? ft. | | | | | | | | | |
| 10 FROM | TO | LITHOLO | | FROM | TO | LITHO. LOG (cont.) o | | IG INTERVALS | |
| 0 | | Brown Clay | | 170 | 235 | Sandstone | | | |
| 45 | | Medium Sand | | | | | | | |
| 60 | | Brown Clay | | | | · | | | |
| 70 | | White Crumbly Rock | | | | | | | |
| 80 | 98 | Brown Clay & Caliche | 9 | - | 1 | | | | |
| 98 | | Yellow Clay | | Natara | | | | | |
| 135 | | Limestone - Shale | | Notes: | | | | | |
| 140 | 140 | | | | | | | | |
| 147 170 Blue Clay 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) .2/03/2018 | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) .2/03/2018 | | | | | | | | | |
| under the business name of Jantzen Water Well Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. | | | | | | | | | |
| KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | |