| WATER V | VELL R | ECORD | | WWC-5 | | sion of Wate | | | 1 | |
|--|---------------|---|--------------------------------------|--------------------------------|---|--|--|------------|--------------|--|
| Original R | | | | e in Well Use | | urces App. N | | Well ID | | |
| 1 LOCATIO | ATER WEL | L: | Fraction | 1 | Section Number Township Number Range Number | | | | | |
| County: Barber | | | | | | | | | 1 □E ■ W | |
| 2 WELLO | | | | First: | Street or Rur | et or Rural Address where well is located (if unknown, distance and | | | | |
| | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: 70061 SE 110th St 5 3/4 North, 2 East of Medicine Lodge | | | | | | | | | 1 | |
| City: Sawver State: KS ZIP: 67134 | | | | | | | | | | |
| 3 LOCATE | | T | | | A = = | T | 27 277 | 70 | | |
| WITH "X" | | | | 1PLETED WELL: . | | | | | | |
| SECTION | | | Depth(s) Groundwater Encountered: 1) | | | | | | | |
| N | | 2) | | | | | | | 83 □ NAD 27 | |
| | | WELL'S STATIC WATER LEVEL: | | | | | for Latitude/Longitude | | | |
| | _ | above land surface, measured on (mo-day-yr) | | | | | PS (unit make/model: (WAAS enabled? | | | |
| NW | . 1 | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| w A | HE | after hours pumping gpm | | | | Online Mapper: | | | | |
| 1 1 1 | 1 | Well water was ft. | | | | | | | | |
| sw | - SE | after hours pumping gpi | | | gpm | m 6 Florestion: # C Ground Level C TOC | | | | |
| | | Estimated Yield:gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map | | | | |
| S | | Bore Hole Diameter:10 in. to155 f | | | ft. and | Other | | | | |
| 1 min 0 11. 10 11. | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | J.d | 5. ☐ Public Water Supply: well ID | | | | | | | | |
| Househo | Lawn & Garden | | | 7. ☐ Aquifer Recharge: well ID | | | | | | |
| Livestoc | | | 8. Monitoring: well ID | | | | | | | |
| 2. Irrigation | | | | | | | | | | |
| 0 | | | | | | | | | | |
| 4. Industria | al | | ☐ Recovery ☐ Injection | | | 13. Other (specify): | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | |
| 777 . II 1/ 1 0 . 10 mm - r mm > 7 | | | | | | | | | | |
| Water well disinfected? Yes No 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 5 in. to 155 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 18 in. Weight SDR-26 lbs./ft. Wall thickness or gauge No. | | | | | | | | | | |
| Casing diameter 5 in to 155 ft. Diameter in to ft., Diameter in. to ft. | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | |
| 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 | | | | | | | | | | |
| GRAVEL 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 ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | |
| ■ Other (Specify) Building | | | | | | | | | | |
| Direction from well? West Distance from well?70 | | | | | | | | | | |
| 10 FROM | TO | | LITHOLO | GIC LOG | FROM | TO | LITHO. LOG (cont.) | or PLUGGIN | IG INTERVALS | |
| | | Sandy clay | | | 114 | 122 | Med gravel | | | |
| | | Small grave | | | 122 | 129 | Red clay | | | |
| | | Clay & gyps | | | 129 | 155 | Med gravel & clay | | | |
| 32 | | Fine sand 8 | | | 155 | | Gray shale | | | |
| | | Cemented: | | | | | | | | |
| | | | Med gravel & clay | | | L | | | | |
| | | Sandy clay | | | Notes: | | | | | |
| | | | | | | | | | | |
| 92.5 114 Sandy 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)1-15-19 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo-day-year)1-17-19 | | | | | | | | | | |
| under the business name of Rosencrantz- Bemis Ent Inc Signature Acta alles | | | | | | | | | | |
| 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 the www kahes gov/waterwei/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | | |