| WATER WELL R | | orm WWC | | Div | rision of Wat | er | | | | |
|--|---|------------------|-------------|--|----------------------------------|---|------------|-------------------|--|--|
| Original Record | | | | | ources App. 1 | | Well ID | | | |
| 1 LOCATION OF WATER WELL: Fraction | | | | ection Number Township Number Range Number | | | | | | |
| County: MEADE | | | | | | | | | | |
| 2 WELL OWNER: Last Name: ROBERTS First: RICH Street or Rural Address where well is located (if unknown, or | | | | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here | | | | | | | | | | |
| Address: 4 MILES EAST AND 4 AND A HALF SOUTH OF PLAINS | | | | | | | | | | |
| City: PLAINS | Sta | te: KS ZIP: 6 | 57869 | | | | | | | |
| 3 LOCATE WELL | 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | 320 8 6 7 44 1 | | | | |
| WITH "X" IN | Doubles Consumbuston Engagement 1) | | | | | | | | | |
| SECTION BOX: | | ft. 3) | | | Long | itude: Dwcc. | | (decimal degrees) | | |
| WELL'S STATIC WATER LEVEL: 190 | | | | | | | | | | |
| | □ below land surface, measured on (mo-day-yr | | | | | GPS (unit make/model: . | | | | |
| NW NE | above land surface, measured on (mo-day-yr | | | | . _ | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | Pump test data: Well water was | | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W | after hours pumping gpm Well water was ft. | | | | | ☐ Online Mapper: | | | | |
| SWSE | after hours pumping gpm | | | | | | | | | |
| | Estimated Yield:50gpm | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| S | | | | | | Source: Land Survey GPS Topographic Map | | | | |
| <u> </u> | 1 mile in. to ft. | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | | ıblic Water Supp | | | 10. □ O | il Field Water Supply: | ease | ••••• | | |
| Household Lawn & Garden | ■ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | Hole: well ID | | | | |
| Lawn & Garden | | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? | | | | |
| 2. Irrigation | | | | | | a) Closed Loop Horizontal Vertical | | | | |
| 3. Feedlot | _ ~ | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. Industrial | □ Re | ecovery [| ☐ Injection | | | ther (specify): | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted: | | | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | | | |
| 8 TYPE OF CASING | USED: ☐ Steel | ■ PVC □ Ot | her | CASI | NG JOINTS | S: Glued Clampe | d 🔲 Welde | d ☐ Threaded | | |
| Casing diameter 5 in to 320 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 in Weight Wall thickness or gauge No. SDR 21 | | | | | | | | | | |
| | | | | | | | | | | |
| 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 .280 ft. to .320 ft., From ft., From ft., From ft. to ft. | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other. | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | | | |
| Sewer Lines | ☐ Cess | | ☐ Sewage La | | Fuel Storage | | oned Water | Well | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | |
| 10 FROM TO | LIT | HOLOGIC LO | G | FROM | TO | LITHO. LOG (cont.) o | r PLUGGIN | G INTERVALS | | |
| | OP SOIL | | | 300 | | CLAY | | | | |
| 1 38 0 | CALICHE | | | 320 | 327 | GRAY CLAY | | | | |
| | CLAY & MED S | | | | | | | | | |
| 55 70 N | MED COARSE | | | | | | | | | |
| | CALICHE CLAY | | | | | | | | | |
| | SAND W/ CLAY | STREAKS | | | | | | | | |
| | SANDY CLAY Note | | | | | - | | | | |
| 158 297 SAND W/ CLAY STREAKS | | | | | | | | | | |
| 297 300 ROCK | | | | | | | | | | |
| 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) .6/30/17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 805. This Water Well Record was completed on (mo-day-year) .7/14/17 | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 805 This Water Well Record was completed on (mo-day-year) 71.4/17 | | | | | | | | | | |
| Mail I 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 | | | | | | | | | | |