| | WELL R | | | WWC-5 | | vision of Water | 1 ! | *** ** *** | | |
|--|-----------------|---------------------------------|----------------------------|--|--|---|--|-------------|---|--|
| Original Record Correction | | | | e in Well Use Fraction | | ources App. No | | Well ID | > 1 1 | |
| 1 LOCATION OF WATER WELL: County: SEWARD | | | | '4 SW '4 SW ' | | ction Number 29 | Township Number T 33 S | | ge Number 2 □ E ■ W | |
| 2 WELL OWNER: Last Name: WRIGHT First: LINDSAY S | | | | | | Street or Rural Address where well is located (if unknown, distance and | | | | |
| Business: Address: | РО ВОХ 3 | 156 | | | direction from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | g VC | 21D 07077 | 2 MILES NORTH AND 1 MILE WEST OF HAYNE | | | | | |
| City: SUBLETTE State: KS ZIP: 67877 | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| WITH "X | | 1 | | IPLETED WELL: | | | de: | | | |
| SECTIO! | | | | Encountered: 1) 3) ft., or 4) | | Longitude: | | | | |
| N | | WELL'S | STATIC WA | TER LEVEL: | 18 n . | Source | Source for Latitude/Longitude: GPS (unit make/model:) | | | |
| | 1 | | | measured on (mo-day | | . □ GP | | | | |
| NW | NE | | | measured on (mo-day rater was | | i i | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | |
| w | E | | hours | pumping | . gpm | Online Mapper: | | | | |
| sw | SE | n than | | ater was | | | | | | |
| | | after hours pumping g | | | . gpm | 6 Elevat | 6 Elevation:ft. Ground Level TOC | | | |
| S | | Bore Hole Diameter:9.778 in. to | | | | Source: | Source: Land Survey GPS Topographic Map | | | |
| 1 mile in. to ft. | | | | | | | | | • | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID | | | | | | | | | | |
| ■ Househo | old | | | g: how many wells? | | 11. Test H | ole: well ID | | | |
| ☐ Lawn & | | | | echarge: well ID | | | ed Uncased C | | | |
| Livestock | | | | g: well ID | | | rmal: how many bores | | | |
| | | | Environmenta Air Sparge | ll Remediation: well I : □ Soil Vapor | | | sed Loop 🔲 Horizonta en Loop 🔲 Surface Dis | | | |
| 4. Industria | | | Recovery | ☐ Injection | LXUACTION | 13. □ Oth | er (specify): | charge | inj. or water | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | |
| Water well disinfected? ■ Yes □ No | | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | | |
| Casing diameter 5 in to 287 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 in Weight bls./ft. 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) | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From25 ft. to287 ft., From ft. to ft., From ft. to ft. | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage | | | | | | | | | | |
| ☐ Sewer L | | | Cess Pool | ☐ Sewage La | | Fuel Storage | | ned Water V | Well | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify) | | | | | | | | | | |
| Direction from well? .WEST Distance from well? .70 ft. | | | | | | | | | | |
| 10 FROM | ТО | | LITHOLOG | | FROM | TO I | JTHO. LOG (cont.) or | PLUGGING | 3 INTERVALS | |
| | | OP SOIL | 0.11.5 | | | | | | | |
| 3 9 | | | SANDY C | | - | | | | | |
| | | | SAND- TIGI | 11 | | | | | | |
| | | LAY | | OARSE SAND | - | | | | | |
| 124 | | TREAKS | AT AND C | OARSE SAIND | | | | | | |
| 160 2 | | | NE SAND | WITH SOME | Notes: | L | | | | |
| | | LAY STR | | | | | | | | |
| 262 287 GRAY 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) .5/4l.17 | | | | | | | | | | |
| under the bu | siness name | of SQUI | HWEST. W | INDMILL & WATE | R.W.E.LSi | gnature | Duver 4 | reez | | |
| Mail 1 | white copy alor | ng with a fee o | f \$5.00 for eacl | n constructed well to: Ka | nsas Department | of Health and E | nvironment, Bureau of Wa | ter, GWTS S | ection, | |
| 1000 S Visit us at http:// | | | | 56612-1367. Mail one to | Water Well Ow KSA 82a-12 | | for your records. Telepho | | 5524. 7/10/2015 | |
| 00 381 131101.0 | | | | | | · - | | 174 119CU | 11 1 U W U I J | |