| WATER WELL RECORD Form WWC-5 | | | | | ivision of Water | | | MW-5 | |
|---|----------------------|--------------------------------------|--|---|--|--|--------------|-------------|--|
| | | | e in Well Use | | sources App. No. | | Well ID | t | |
| | | VATER WELL: | Fraction | - 1 | ection Number | Township Numb | | ge Number | |
| | _{y:} Barber | | NW1/4 NW1/4 NE1/ | | 16 | T 34 S | | O DE W | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | |
| | | perative Grain & Merc | antile | direction from | ction from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: | P,O, Box | 144 | | 320 ft eas | 20 ft. east & 20 ft. south of intersection of Hwy K-2 & 1st Street | | | | |
| | | | | | H 11 | | | | |
| 2 LOCATE WELL | | | | | | | | | |
| WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | |
| | | Depth(s) Groundwater | Encountered: 1) | ft. Longitude: -98.407222 (decimal degrees) | | | | | |
| 2) ft. 3 | | |) ft., or 4) [| Dry Well | Horizont | Horizontal Datum: WGS 84 NAD 83 NAD 27 | | | |
| | | WELL'S STATIC WA | TER LEVEL10 |).5 _{ft} | Source for | or Latitude/Longitude | | | |
| | X | below land surface | _{-yr)} 6-5-202 | | GPS (unit make/model:) | | | | |
| NW | NE | | above land surface, measured on (mo-day- | | | (| | | |
| 1 1 1 | 1 1 | Pump test data: Well w | | ☐ Land Survey ☐ Topographic Map | | | | | |
| W | E | after hours | | m Online Mapper: Google Earth | | | | | |
| sw | SE | Well w | | | | | | | |
| | 1 | after hours | gpm | 6 Elevatio | n: NA ft | □ Ground | Level TTOC | | |
| <u> </u> | S | Estimated Yield: Bore Hole Diameter: | gpm | 0 1 | | ☐ Land Survey ☐ | | | |
| | | Bore Hole Diameter: | 9.4.9 in. to | It. and | | | | | |
| 7 WELL WATER TO BE USER AS: | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | |
| House | - | | | | | ieid water Supply: I | ease | | |
| . — | aloiu & Garden | o. \square Dewaterin | g: how many wells? | ••••• | . II. lest Hol | 11. Test Hole: well ID | | | |
| Livest | | 7. Aquiter Ro | echarge: well ID | N-5 | . ☐ Cased | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| | | | | | | hermal: how many bores? | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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 ☐ Other | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing diameter 2 in to 5 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 36 in. Weight lbs/ft. Wall thickness or gauge No. sch 40 | | | | | | | | | |
| 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 .5 ft. to .15 ft., From ft. to ft. o ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | |
| ☐ Septic | | 🔲 Lateral Line | s 🔲 Pit Privy | | Livestock Pens | ☐ Insection | cide Storage | | |
| ☐ Sewer | | ☐ Cess Pool | ☐ Sewage La | goon [|] Fuel Storage | ☐ Abande | oned Water V | Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| ☐ Other (Specify) Direction from well? ft. | | | | | | | | | |
| Direction fro | om well? | | Distance from w | | | | | | |
| 10 FROM | TO | LITHOLOG | | FROM | TO LI | THO. LOG (cont.) or | PLUGGING | G INTERVALS | |
| 0 | | Silty Clay, dark red bro | | | | | | | |
| 5 | 9 ; | Silty Clay, greenish gr | ay, stiff, moist | | | | | | |
| 9 | 10 | Silty Clay, greenish gra | ay, saturated | | | | | | |
| 10 | | Sandy Clay, red, medi | | | | | | | |
| | | saturated | | ~ | 1 | | | | |
| 14 | | Shale, greenish gray, I | nard | - | | | | | |
| | | grant gray, I | | Notes: | | | | | |
| 140103. | | | | | | | | | |
| | | | | | | | | | |
| 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) 6-3-2020 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No. 604. This Water Well Record was completed on (mo-day-year) | | | | | | | | | |
| under the business name of Environmental Priority Service. Inc. Signature | | | | | | | | | |
| 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 http://www.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 | | | | | | | | | |