| WATER WEI | | | WWC-5 | Di | vision of Water | | MW-25 | |
|--|--|-------------|---------------------------|---|--|----------------------------|--------------------------|--|
| Original Record | | | ge in Well Use | | ources App. No | | Well ID | |
| 1 LOCATION O | | LL: | Fraction | 1 | ction Number | | | |
| County: Smith NE 1/4 SW 1/4 SE 1/4 I | | | | | | | | |
| | | | | | treet or Rural Address where well is located (if unknown, distance and | | | |
| Address: DO Box 424 | | | | | tirection from nearest town or intersection): If at owner's address, check here: | | | |
| Address: | | | | | 223 S. Main Street, Kensington, KS 66951 | | | |
| City: Kensington State: KS ZIP: 66951 | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 50. ft. 5 Latitude: 39.76471 (deci | | | | | | | 71 (decimal degrees) | |
| WITH "X" IN | Donth(a) G | | Encountered: 1) | | 1 | | | |
| SECTION BOX | 2) ft., or 4) | | | | Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27 | | | |
| | WELL'S STATIC WATER LEVEL: | | | | Source | for Latitude/Longitude | e: | |
| | | | e, measured on (mo-day | | . ■ GF | | EPOCH) | |
| | above land surface, | | | | 1 | (WAAS enabled? ☐ Yes ■ No) | | |
| w | Pump test data: Well water was after hours pumping | | | | | | | |
| 1 1 1 1 | Well water was | | | | | mme mapper | | |
| after hours pumping | | | | | | . 1776.28 . | | |
| Estimated Yield: | | | gpm | 3.75 in. to 50 ft. and Source: ■ Land Sur | | | t. Ground Level TOC | |
| | | | | | | | GPS Topographic Map | |
| mile in. to ft. Uother | | | | | | | | |
| 1. Domestic: | | | ater Supply: well ID | | 10 🗆 Oil | Field Water Supply: 1 | lease | |
| Household | | | ng: how many wells? | | 10. 🗀 On | ole: well ID | | |
| ☐ Lawn & Garde | | | | | Cased Uncased Geotechnical | | | |
| ☐ Livestock | — · · · · · · · · · · · · · · · · · · · | | | | 12. Geothermal: how many bores? | | | |
| 2. Irrigation | on 9. Environmental Remediation: well ID | | | | | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | | | ge Soil Vapor | Extraction | | | eischarge Inj. of Water | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? No | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | |
| 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 | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Rentonite Other | | | | | | | | |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other Grout Intervals: From | | | | | | | | |
| Nearest source of p | ossible contamina | tion: | , | | , | | | |
| ☐ 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 | | | | | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) | | | | | | | | |
| ☐ Other (Specify) Direction from well? . | | | | | | | | |
| 10 FROM TO | | LITHOLO | GIC LOG | FROM | ТО | LITHO. LOG (cont.) o | or PLUGGING INTERVALS | |
| 0 5 | Silty Clay | | | 45 | | Clayey Sand | | |
| 5 10 | Silt | | | | | | | |
| 10 18 | Silty Clay | | | | | | | |
| 18 27 | Sandy Silt | | | | | | | |
| 27 33 | Silty Clay | | | | | | | |
| 33 36 | Sandy Clay | | | 1 | | | | |
| 36 37 | Sand | | | | Notes: | | | |
| 37 40 | | | | | | | | |
| 40 45 Sand | | | | | | | | |
| 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) 5/12/2020, and this record is true to the best of my knowledge and belief | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) .5/.12/2020 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) .7/.19/2021 | | | | | | | | |
| under the business | name of .≒nxir.Q | nmental J | riority.Service | S | ignature 1. Z | 7 m | | |
| 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, | | | | | | | | |
| | | | s 66612-1367. Mail one to | | | - | | |
| Visit us at http://www. | kaneks gov/waterwell | /index.html | | KSA 82a-1. | <u> </u> | | Revised 7/10/2015 | |



