| WATEI | R WEI | L RECORD | Form WV | VC-5 | Division of Wate | r Resources App. N | 0. | |
|--|---|--------------------------|---|---|---|--------------------|------------------|--|
| | | OF WATER WELL: | Fraction | 1/ NE 1/ | Section Number | Township No. | Range Number | |
| | ty: Raw | | SW 1/4 NW 1/4 NE | | 8 | T 3 S | R 33 □E ☑W | |
| | | ddress of Well Location; | | Global Positioning System (GPS) information: Latitude: .39.81307 | | | | |
| from nearest town or intersection: If at owner's address, check here | | | | | Longitude: 101.04200 (in decimal degrees) | | | |
| 402 Grant Gueet, Atwood, NG | | | | | Elevation: 2845.77 | | | |
| 2 WATER WELL OWNER: Larry Altrich | | | | | Datum: ☐ WGS 84, ☑ NAD 83, ☐ NAD 27 | | | |
| 2 WATER WELL OWNER: Larry Aldrich RR#, Street Address, Box #: 402 Grant Street | | | | | Collection Method: ☐ GPS unit (Make/Model:) | | | |
| City, State, ZIP Code : Atwood, KS, 67730 | | | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| | | | | | Est. Accuracy: - | 3 m, ☐ 3-5 m, ☐ | 5-15 m, | |
| 3 LOCA | ATE WE H AN "X' | LL IN 4 DEPTH OF | COMPLETED WELI | 30 | fl | | | |
| | TON BO | ^4 | | | | | | |
| | N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | |
| | Pump test data: Well water wasft. after hours pumping gpm | | | | | | | |
| | NW NÉ EST. YIELDgpm. Well water wastt. after hours pumping | | | | | | | |
| w | | | | | | | | |
| | WELL WATER TO BE USED AS: | | | | | | | |
| SW | / S | E Donnestic | ☐ Industrial ☐ I | Domestic-lay | n & garden ☐ Mo | onitoring well S | VE/AS | |
| | Irrigation Industrial Domestic-lawn & garden Monitoring well SVE/AS | | | | | | | |
| | S | If yes, mo | /day/yr sample was sub | mitted | | | | |
| 1 mile Water well disinfected? Yes No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter 4 in. to .20 ft., Diameter 2 in. to .30 ft., Diameter in. to ft. | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Other (Specify) | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) | | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | | | | | | |
| From 27.5 ft. to 30 ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From7 | | | | | | | | |
| From | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Dentonite Other | | | | | | | | |
| Grout Intervals: From .1 | | | | | | | | |
| What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☑ Other (specify below) | | | | | | | | |
| Sewer lines Cessool Sewage lagoon / Fuel storage Abandoned water well | | | | | | | | |
| ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well | | | | | | | | |
| | | n well | | | from well | | | |
| FROM | TO | LITHOLOG | GIC LOG | FROM | TO LITHO. L | OG (cont.) or PL | UGGING INTERVALS | |
| 1 | 1 25 | Concrete Clay with Silt | , <u>, , , , , , , , , , , , , , , , , , </u> | | | | | |
| 25 | 30 | Fine to Medium Sand | | | SVE/AS1 | | | |
| | | Title to modium edita | | | | | | |
| | | | | | KDHE ID | # 0050557 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .7/15/2014 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 594 This Water Well Record was completed on (mo/dex/vear) 10/9/2014 | | | | | | | | |
| under the business name of Coranco Great Plains, Inc. by (signature) SumyKS | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | | |
| Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at | | | | | | | | |

http://www.kdheks.gov/waterwell/index.html