| WATER | S WEI | L RECORD | Form W | WC-5 | Division of | | Resources App. N | | |
|---|---|------------------------------|--|--|--|---|---|-----------------------|--|
| 1 LOCATION OF WATER WELL: | | | Fraction | | Section Nur | mber | | Range Number | |
| County: Cloud | | 1/4 SW 1/4 SW | 1/4 NW 1/4 | 20 | | | $R \Box E \Box W$ | | |
| Street | /Rural A | ddress of Well Location; i | f unknown, distance & | direction | Global Positioning System (GPS) information: | | | nformation: | |
| from 1 | nearest t | own or intersection: If at o | wner's address, check | Latitude: (in decimal degrees) | | | | | |
| 2 1/2 | miles \ | West & 1/2 Mile North O | Clyde, KS | | Longitude: (in decimal degrees) | | | (in decimal degrees) | |
| E 1/2 miles treet at 1/2 mile from or organ, no | | | | | Elevation: | | | | |
| A VIII TON WITH A CHINATED | | | | | | <u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| | | ELL OWNER: Fred Le | Master c/o Rick Mod | Collection M | | | | | |
| RR#, Street Address, Box #: 1995 N. | | | 260th | GPS unit (Make/Model:) | | | | | |
| City, State, ZIP Code : Clyde, k | | | S 66938 Digital Map/Photo, Topographic Map, 1 S | | | | | | |
| Est. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ >15 m | | | | | | | | | |
| 3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL | | | | | | | | | |
| | | | | | | | | | |
| SECI | SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | | |
| Pump test data: Well water was | | | | | | | | | |
| ' | 1 | DOW NAME OF ACC | | | | | | | |
| NW-7 NE 7 77 75 | | | 0gpm. Well water wasft. after | | | | | | |
| W W E Bore Hole Diame | | | TO BE USED AS: Public water supply Geothermal Injection well | | | | | | |
| | | 1 1 | TO BE USED AS: | Public wat | er supply | | omermai 🛄 i | Other (Specify holow) | |
| sw | / s | E Domestic | recolot | On neid wate | r supply | | watering Z | TOCKWELL | |
| □ Domestic □ Feedlot □ Oil field water supply □ Dewatering □ Other (Specify below) □ Irrigation □ Industrial □ Domestic-lawn & garden □ Monitoring well STOCKWELL □ Was a chemical/bacteriological sample submitted to Department? □ Yes ☑ No | | | | | | | | | |
| | | | bacteriologicai sampie day/yr sample was sub | suominea n | Department: | · 🗀 · | ies Filo | | |
| l | S 1 mile | | | | | • • • • | | | |
| 1 mile Water well disinfected? ☑ Yes □ No | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel V PVC Other | | | | | | | | | |
| CASING JOINTS: M Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter16 in. to30 ft., Diameter ft., Diameter ft. | | | | | | | | | |
| Casing height above land surface12 | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel | | | | | | | | | |
| ☐ 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) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From39 | | | | | | | | | |
| From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| From | | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) | | | | | | | | | |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well | | | | | | | | | |
| | | n well | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | | TO TIT | TIO I O | C (comt) on DI I | ICCINIC DITERVALS | |
| FROM | TO | LITHOLOG | ic Loo | FROM | TO LIT | no. LO | o (cont.) or PLU | IGGING INTERVALS | |
| 0 | 2 | Topsoil | | | | | | | |
| 2 | 15 | Clay, tan | | | | | | | |
| 15 | 52 | Sand, fine to medium | . 1 | | | *************************************** | | | |
| 52 | 69 | Sand, medium with clay | / layers | - | | | | | |
| 69 | 70 | Shale, gray | | - | | 00 | Der sex | | |
| | | | | | | | M. C. | | |
| | | | | ļl. | | | - | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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) .0.7/02/09 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No138 This Water Well Record was completed on (mo/day/year) .07/20/09 | | | | | | | | | |
| under the business name of PETERSON IRRIGATION. INC. by (signature) | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies | | | | | | | | | |
| (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | | | |
| Telephone 785-296-5522. 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. | | | | | | | | | |
| | | | | | | | | | |
| KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | | | | | | | | |