| | | RECORD | | VWC-5 | | Division of Water | | | | | | | |
|---|---|--------------------|--|------------------------|-------------------------|-------------------|---------------------------------|--|--|---|---|--|--|
| Original Record Correction Change in Well Use | | | | | | | urces App. No | | | ell ID | *************************************** | | |
| 1 LOCATION OF WATER WELL: Fraction | | | | | | | tion Number | j L | | | ge Number | | |
| 2 WELL OWNER: Last Name: Clausen First: Chris | | | | | | W/4 | -/-/ | T 7 | The state of the s | | / DE ØW | | |
| 2 WELL Business: | OWNER: | Last Name: 🧷 | AUSEN | First: Chris | | | | where well is locat | , | , | -A5 | | |
| | Business: Address: 467 W. 80th OR direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | | |
| Address: | Address: | | | | | | | | | | | | |
| City: Jowns State: K5 ZIP: 67437 | | | | | | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | (4 | | |
| | Donth(s) Groundwater Engagetered: 1) | | | | | | ft. 5 Latitude: | | | | | | |
| | 10N BOX: 1 2) ft 3) ft or 4) | | | | | | | tuae: : □ WGS 84 □ 1 | | | | | |
| N | 1 | | | TER LEVEL: | | | | for Latitude/Longit | | | AD 27 | | |
| | below land surface, measured on (measured on measured | | | | | | ПС | | | | , | | |
| NW | NE | above | above land surface, measured on (mo-day-yr) | | | | 14 | GPS (unit make/model:) (WAAS enabled? Yes No) | | | | | |
| | 1 | Pump test d | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| w | Е | after | after hours pumpinggp | | | | n | | | | | | |
| SW | SE | | Well water was ft. | | | | | | | | | | |
| | | after | after hours pumping gpi Estimated Yield:gpm | | | | 6 Elevat | on:ft. 🔲 Ground Level 🔲 TOC | | | | | |
| <u> </u> | S | | Bore Hole Diameter:9 in. to | | | end f | | | | | | | |
| | | Boie Hole | in. to | | | | | | | | | | |
| 1 mile in. to ft. | | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | | | | | |
| | ☐ Household S. ☐ Dewatering: how many wells? | | | | | | | Iole: well ID | | | | | |
| | Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | ased Uncased Geotechnical | | | | | |
| | Livestock 8. Monitoring: well ID | | | | | | | ermal: how many b | | | | | |
| 2. 🗌 Irrigati | | | | | | | | osed Loop 🔲 Hori: | | | | | |
| | 3. ☐ Feedlot ☐ Air Sparge ☐ | | | | ☐ Soil Vapor Extraction | | | b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | | • | | |
| 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 height above land surface | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | | | | | | |
| ☐ Steel | | inless Steel | ☐ Fiber | | | 1, 1, | | er (Specify) | | • | | | |
| Brass | | lvanized Steel | Conc | | one used | l (open hole | e) | | | | | | |
| | OK PERFO | RATION OPF | | | □ Toucl | . Cut 🗆 D | وملكة أومالنس | Cothon (Consiste) | | | | | |
| | red Shutter | ☐ Key Punc | | | Saw (| | innea moies Ione (Open Ho | Other (Specify) | | | | | |
| | | | | | | | | ft., From | | ft to | ft | | |
| | | | | | | | | ft., From | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | ft. to | | | | | |
| | | ole contaminat | | | | | , | | | | | | |
| ☐ Septic | | | Lateral Line | s 🔲 Pit Pr | ivy | | Livestock Per | | ecticide | Storage | | | |
| | ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoo | | | | | | | | | | | | |
| | ight Sewer L | | Seepage Pit | | | | Fertilizer Stor | rage 🔲 Oil | Well/G | as Well | | | |
| | | | | Distance for | | | | | ρ | | | | |
| *************************************** | TO | | | | om well | | | LITHO. LOG (cont | | LICONI | Chronvara | | |
| 10 FROM | 3 | 7005 | <u>LITHOLOG</u> | JIC LUG | | FROM | ТО | LITHO, LOG (cont |) or PL | MIDDO | G HYTEKVALS | | |
| | | | | | | | | | | | | | |
| 3 | 20 | 13000 | nelm | <u> </u> | | | | | | | | | |
| 20 | 40 | | | Finesan | | | | | | | | | |
| 40 | 60 | | e long | | | | | | | | / | | |
| 60 | 87 | Sand, R | ocke, | Shale | | | | | | | | | |
| | | | | | | Notes: | | | | | | | |
| | | 110163. | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 11 CONT | RACTOP: | SORIAND | OWNER | CERTIFICAT | rion. | This water | r well was IZ | Constructed [| econet | ructed | or nlugged | | |
| 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) | | | | | | | | | | | | | |
| Kansas Wa | Kansas Water Well Contractor's License No | | | | | | | | | | | | |
| under the b | usiness nar | ne ofK. | 21.17 R. G. | erafie. le | 2.4.1.1. | | | | | | | | |
| INSTRU | INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) 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) 296-3565. | | | | | | | | | | | | |
| | Department of 1 | tealth and Environ | nent, Bureau of | Water, Geology Section | n, 1000 SV | v Jackson St., S | Suite 420, Topeka | i, Kansas 66612-1367. Te | tephone (| 785) 296-1 | 3565. | | |

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Visit us at http://www.kdheks.gov/waterwell/index.html