| | R WELL <u>F</u> | | Form V | | | ision of Water | | | | | |
|--|---|---|---------------------------------------|----------------------|---------------|--|----------------------------|-------------------------------|---|--|--|
| | | Correction | | e in Well Use | | ources App. No | | ─ Well II | | | |
| 1 LOCATION OF WATER WELL: Fraction | | | | | | Section Number | | nber R | ange Number | | |
| County: Osborne 455455 45 | | | | | | | | | | | |
| 2 WELL OWNER: Last Name: 1/2 hols: First: (1 a w/e) Street or Rural Address where well is located (if unknown, distance) | | | | | | | | | wn, distance and | | |
| Business: | 2 WELL OWNER: Last Name: Nichols First: Claude Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: Oshorne State: KS ZIP: 67423 | | | | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | | ft. 5 Latitude:(decimal degrees) | | | | | |
| WITH " | | | | Encountered: 1) | | Longitude: | | | | | |
| | ON BOX: | 2) ft. 3) ft., or 4) | | | | | | | | | |
| ĺ ľ | WELL'S STATIC WATER LEVEL: | | | | | | | | | | |
| | | | | measured on (mo-day- | | | GPS (unit make/model:) | | | | |
| , , , , , , , , , , , , , , , , , , , | above land surface, measured on (mo-day-yi | | | | | , L GF | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| Nw | NE | Pump test of | lata: Well w | ater was f | j.,, | ☐ Land Survey ☐ Topographic Map | | | | | |
| w | E | | | pumping | | | Online Mapper: | | | | |
| | | | | ater was f | | | inie iviappei | • • • • • • • • • • • • • • • | • | | |
| SW | SE | after | | pumping | | | | 11.0 | · · · · · · · · · · · · · · · · · · · | | |
| | x | | Yield: 3.4 | | OF | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| | S Bore Hole Diameter:9 in. to62 | | | | | Source: Land Survey GPS Topographic Map | | | | | |
| 1 1 | 1 mile in. to | | | | | ☐ Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | |
| House | | | | g: how many wells? | | | | | | | |
| | & Garden | | | charge: well ID | | | 11. Test Hole: well ID | | | | |
| Livest | | | | | | | rmal: how many bo | | | | |
| _ | <u> </u> | | | | | | sed Loop Horize | | | | |
| 3. ☐ Feedlo | 2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext | | | | | | | | | | |
| 4. Industr | | | Recovery | ZAHACHOH | | b) Open Loop Surface Discharge Inj. of Water | | | | | |
| | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | |
| Water well disinfected? Yes \(\sum \) No | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | |
| Casing diameter ft., Diameter in. to ft., Diameter ft., Diameter ft. | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| | | RATION OPE | | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | | | |
| │ □ Louvered Shutter □ Key Punched □ Wire Wrapped | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | to ft. | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| Nearest sou | rce of possib | le contaminat | ion: | • | | · | | | | | |
| ☐ Septic | Tank | | Lateral Lines | s 🔲 Pit Privy | | Livestock Pens | Insec | cticide Stora | ge | | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon | | | | | | | | | | | |
| ☐ Watert | ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | |
| Direction fro | om well? | | | Distance from we | ell? | | | ft. | | | |
| 10 FROM | ТО | _] | LITHOLOG | GIC LOG | FROM | TO I | ITHO. LOG (cont.) | or PLUGG | ING INTERVALS | | |
| 0 | 3 | 100 | Soil | | | | | | | | |
| 3 | 20 | Brown Ch | an mill | 4 - 1 - | | | | | | | |
| 20 | 40 | Chi Can | 7/ | o cong | 1 | | | | | | |
| 40 | | Chy SAN | | Blushole | | | | | | | |
| 10 | 62 | SANU | White Clay | BINSAUSE | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | | | | Notes: | | | | | | |
| | 110165. | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONT | DACTODY | S OD T AND | OWNEDS | CERTIFICATION | I This water | r wall was 173 | constructed 🗖 = | oonsteret- | ط مع 🗆 ماییمم | | |
| under my | NACIUK? | od was some | Jeted on (~ | O-day-year\ / -2- | ii iiis watei | this record is | true to the best of | my knowl | u, or prugged | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | |
| under the h | usiness nam | e of | RAIN | es bater hell | WOII NOU | Ord was Colli | uay | y car j | | | |
| under the business name of | | | | | | | | | | | |
| INCTOIN | CTIONS Sand a | 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. | | | | | | | | | |

KSA 82a-1212

Revised 9/10/2012

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