| WATER WI | | | | WWC-5 | | Division of Water | | | | | | |
|---|--|---|------------------------------|---|--|--|--|--------------------------|------------|---------------|--|--|
| Original Reco | ord 🔲 | Correction | ☐ Chang | ge in Well Use | | | rces App. No. | | Well ID | | | |
| 1 LOCATION | | L: | Fraction | | Secti | ion Number | Township Number | | ge Number | | | |
| County: Mitchell 4 1/4 NW4. | | | | | | | | | | | | |
| | | | rmann | First: Plian | Street o | reet or Rural Address where well is located (if unknown, distance and | | | | | | |
| Business: | | | , (), | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | direction | rection from nearest town or intersection): If at owner's address, check here: 📈 | | | | | | |
| Address: 1/76 P Rol | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| | City: Tipton State: Ks ZIP: 67485 | | | | | | | | | | | |
| 3 LOCATE WE | 4 DEPTH | OF COM | PLETED WELLS | 60 | 60. ft. 5 Latitude: 39 20 57.8 M. (decimal degrees) Longitude: 98 27 19.0 W. (decimal degrees) | | | | | | | |
| N . | WITH "X" IN SECTION POY. Depth(s) Groundwater Encountered: 1) | | | | | | ft. Langitude: 98°27'19.0" W (decimal degrees) | | | | | |
| SECTION BO | X: | 2) ft. 3) ft., or 4) Dry Well Horizontal Datum: WGS 84 | | | | | | | □ NAD | 83 NAD 27 | | |
| N | | WELL'S STATIC WATER LEVEL: | | | | | | | | 15 - 11112 - | | |
| | 7 | below land surface, measured on (mo-day-yr). 4.128/18 GPS (unit make/model: | | | | | | | |) | | |
| NWNI | above land surface, measured on (mo-day-yr). | | | | | 0.0.0 | (WAAS enabled? | Yes □ N | 0) | | | |
| | Pump test data: Well water was30 ft. | | | | ☐ Land Survey ☐ Topographic Map | | | " | | | | |
| w | — _Е | after2 hours pumping | | | | n Nonline Mapper: | | | | | | |
| 1 1 1 1 | | Well water was ft. | | | | | | | | | | |
| SW SI | | after hours pumpinggp | | | | | | 15100 | - | | | |
| | | m : 1 = 1 = 1 1 1 | | | | 6 Elevation: 1560 ft. Ground Level TO | | | | | | |
| S | Bore Hole Diameter | | | | t. and Source: Land Survey GPS Topograp | | | | | | | |
| mile in. to ft. Unite | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | | | | ater Supply: well ID. | | | | eld Water Supply: le | | | | |
| ☐ Household | | | Dewatering: how many wells? | | | 11. Test Hole: well ID . | | | | | | |
| | | | 7. Aquifer Recharge: well ID | | | | | | | | | |
| | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | 12. Geothermal: how many bores? | | | | | | |
| | . 🔲 Irrigation 9. Environmental Remediation: well ID | | | | | | | | | | | |
| 3. Feedlot | | | Air Sparg | | r Extraction | l . | | Loop Surface Dis | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? Pryes T No | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight 2.9 lbs/ft. Wall thickness or gauge No. 1.1. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 30. ft. to 50. ft., From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 30 ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | | | | | |
| Sewer Lines | T : | | Cess Pool | ☐ Sewage I | | | uel Storage | ☐ Abando | | Nell (| | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | | |
| ☐ Other (Specify) Direction from well? Distance from well? ft. | | | | | | | | | | | | |
| | 0 | | | GIC LOG | | | | | DI LICCINI | TATEDVALE | | |
| | 0 | Soil | LINULU | GIC LUG | FROI | V1 | TO LIT | THO. LOG (cont.) or | LTOGOTIA | JULIERVALO | | |
| | 0 | V-11 | CI | | | | | | | | | |
| | | Yellow (| | | | | | | | | | |
| | 0 | cetlogic | Clay | | | | | | | | | |
| 30 4 | | Sand | | , | | | | | | | | |
| <u>40</u> 50 | | Sandt 6 | pravel | <i></i> | | | | | | | | |
| 50 6 | 0 | Shale | ·········· | | | | | | | | | |
| | | | | | Notes | : | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | | |
| under my jurisdi | ction an | d was comple | eted on (n | no-day-year) | 148.118 | and th | us record'is tr | ue to the best of my | knowled | e and belief. | | |
| Kansas Water W | ell Conf | ractor's Lice | nșe No | (2)2.(1) This W | /ater Well | Reco | rd was compl | eten on (mo-day-ye | ar)〜フ./. | 7.1.C.Q | | |
| under the busine | ss name | سيد 10 | .1 | | | Sign | nature | | | | | |
| Mail 1 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, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. | | | | | | | | | | | | |
| Visit us at http://www | | | | 00012-1307. MAIL ONE I | KSA 82 | | | or your records. Telepho | | 7/10/2015 | | |
| | | | | | | | | | | | | |