| | WELL R | | | WWC-5 | | | | ion of Water | | | | | | |
|---|--|----------------|-----------------------------|---------------|---|--------------|---------|-----------------|---------------------|---|---------------|---|--|--|
| Origina Origina | e in Well U | se | rces App. No. | | | ell ID | | | | | | | | |
| 1 LOCA | Fraction | | Section Number Township N | | | | | | ge Number | | | | | |
| | y: SHERMA | | | | SE 1/4 SW 1/4 9 T 9 S | | | | | | B □E ■ W | | | |
| | | ast Name: WE | | First: TEF | RRY | | | | ere well is locate | | | | | |
| Business: WEBB FAMILY TRUST Address: 2318 THOMPSON AVE direction from nearest town or intersection): If at owner's address, check her | | | | | | | | | | | | check here: 🔲 | | |
| Address: | 2318 1110 | MPSON AV | / E | | | COUNT | RD 6 | 60 & 28 | | | | | | |
| City: | DODGE (| CITY | State: KS | ZIP: 678 | 01 | | | | | | | | | |
| 3 LOCAT | | 1 | OF COM | m eren | WEII. | 140 | А | F 7 -44-3 | 39 283 | 2619 | | | | |
| WITH " | 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)78. | | | | | | | | | | | | | |
| SECTION BOX: 2) A 3) A or 4) | | | | | | | | | | | | | | |
| WELL'S STATIC WATER L | | | | | | | | | | | NAD | B3 LI NAD 2/ | | |
| | measured on (mo-day-yr) GPS (unit make/model | | | | | | COC | RDIN | ATES APP | | | | | |
| NW | measured on (mo-day-yr) (WAAS enabled? | | | | | | | | , | | | | | |
| | ater wasft. | | | | | | graphic | Map | | | | | | |
| Well water was | | | | | | | | | | | | ••••• | | |
| Well water was ft. after hours pumping | | | | | | | | | · | | | | | |
| | onm | n: | .ft. 🗆 🤄 | Ground | Level TOC | | | | | | | | | |
| S Bore Hole Diameter: | | | gpm 10 in. to 20 ft. and | | | | Source: | ☐ Land Survey | GPS | ☐ To | pographic Map | | | |
| 11 | | | | 8 in. 1 | ft. | | [| ☐ Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | | |
| 1. Domestic | | | | ter Supply: | well ID | | ••• | 10. 🔲 Oil F | ield Water Supply: | lease . | ••••• | | | |
| ☐ House | g: how many wells? | | | | | le: well ID | | | | | | | | |
| ☐ Lawn & Garden 7. ☐ Aquifer R | | | | echarge: we | :ll ID | | | | d 🔲 Uncased [| | | | | |
| _ | Livestock 8. Monitoring: we | | | | | | •• | | mal: how many bo | | | | | |
| 2. Irrigation 9. Environmental Remediation: we 3. Feedlot Air Sparge Soil Vap | | | | | | | ••• | | ed Loop | | | | | |
| 3. Feedlo | | Soil Vapor | Extraction | | | Loop Surface | | | | | | | | |
| 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 L | NO BOW | C 🗖 Oıb | | | CINIC | C IODITC. | Glued Clam | | 337 11 | 1 [] [] [] | | |
| 8 TYPE C | or Casing | OSED: US | 100 | Diameter | •••••• | CA | 2114(| J JUIN 15: | Glued L Clam | pea 📙 | Welder | 1 I hreaded | | |
| Casing diameter 5 in. to 100 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12 in. Weight lbs./ft. Wall thickness or gauge No248 | | | | | | | | | | | | | | |
| TYPE OF | SCREEN OI | R PERFORA | TION MA | TERIAL: | • | | ••• | Wall differen | oo or gauge 110. 71 | | ••••• | | | |
| ☐ Steel | | nless Steel | | | ■ PVC | | | ☐ Other | (Specify) | | | | | |
| ☐ Brass | _ | vanized Steel | Conc | _ | _ | used (open i | iole) | | (-1 | | | | | |
| SCREEN (| OR PERFOR | ATION OPE | NINGS A | RE: | | _ | | | | | | | | |
| | nuous Slot | Mill Slot | | auze Wrappe | | | | | Other (Specify) | • | •••• | ••••• | | |
| Louve | ered Shutter | Key Punci | hed □W | ire Wrapped | i □Sa | | | ne (Open Hol | | | _ | | | |
| SCREEN-I | PERFORAT | ED INTERV | ALS: From | 1 | t. to .! !! ! | ft., Fro | m | ft. to | ft., From | • | ft. to | ft. | | |
| G | RAVEL PA | CK INTERV | ALS: Fron | 1 <u>77 1</u> | it. to! | 2 ft., Fro | m | ft. to . | ft., From | ••••• | ft. to | ft. | | |
| 9 GROUT | MATERIA | AL: Neat of | cement ∟ 40 | Cement gro | out 📙 Be | entonite L | 7 Off | ner | ft. to | • • • • • • • • | | • | | |
| Nonrest sou | als: From | le contaminati | AB. | n., rrom . | ••••• | п. то | ••••• | II., FIOM | π. το | • • • • • • • • • | . π. | | | |
| Septic | | | Lateral Line | ж П | Pit Privy | | ПL | ivestock Pens | □ Inse | cticide S | Storage | | | |
| Sewer | | | Cess Pool | _ | Sewage La | | | uel Storage | ☐ Aba | | | | | |
| ☐ Watert | ight Sewer Li | nes 🔲 : | Seepage Pit | | Feedyard | _ | | ertilizer Stora | ge 🔲 Oil ' | Well/Ga | s Well | | | |
| Other (Specify) NONE.IN. SITE | | | | | | | | | | | | | | |
| | | | | | nce from w | | | | | | 10.00 | | | |
| 10 FROM | TO | | JTHOLO | GIC LOG | | FROM | | TO L | THO. LOG (cont.) | or PLU | JGGIN | G INTERVALS | | |
| 0 | | TOP SOIL | | | | - | | | | | | WF-2 | | |
| 5 | | GRAVEL | \^\/E' ^ | VEDO | | | + | | | | | 19.5 | | |
| 18 | | SAND W/GF | | TERS | | - | - | | | | | | | |
| 120 | | YELLOW OO | | | | - | + | | | | - | | | |
| 135 | 140 | BLACK SHA | LE | | | + | + | ļ · | | | | | | |
| | | | | | | Notes: | 1_ | | | | | | | |
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| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | |
| 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) .QCT. 3. 20.17 and this record is true to the best of my knowledge and belief. | | | | | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 880 This Water Well Record was completed on (mo-day-year) NOV. 5, 2017 | | | | | | | | | | | | | | |
| under the business name of NEWBANKS PUMP INC. Signature I A JOHN CONTROL Signature | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| 1000 | SW Jackson S | | eka, Kansas | | | | Owner | and retain one | | ephone 7 | 85-296- | | | |