# WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID 1718057 WELL ID

✓ Original Record ☐ Correction ☐ Change in Well Use

## LOCATION OF WATER WELL

| Latitude | 37.901545 | Longitude | -97.578543 | Section | 6 | Township | 25 | Range | 2 ☐E ✓W | Fraction | SE ¼ NW ¼ SE ¼ |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Datum | NAD27 | Elevation | 1409 | County | Sedgwick | | | | | | |

## WATER WELL OWNER

| | |
|---|---|
| Name | Randy O'Neal |
| Business | |
| Address | 18919 W. 117th St. N.<br>Sedgwick KS 67135 |
| Well location<br>☐ at owner's address | Approximately 2 miles north and 5 miles east of Mount Hope. |

## CONSTRUCTION

Borehole interval: from 0 to 60 ft.; from ____ to ____ ft.

Borehole diameter: 24 in.; ____ in.

Casing height above land surface: 12 in.

If casing height is less than 12 in. has a variance been approved?* ☐ Yes ✓ No

*variance not required for monitoring or environmental remediation wells

Casing type: ThermalPlastic

Blank casing interval: 0 ft. to 30 ft.

Blank casing diameter: 16 in.

Casing joints: Glued

Weight: 19.85 lbs/ft.

Wall thickness or gauge no.: .616

Blank casing interval: 55 ft. to 59 ft.

Blank casing diameter: 16 in.

Casing joints: Glued

Weight: 19.85 lbs/ft.

Wall thickness or gauge no.: .616

Grout interval: 0 ft. to 20 ft.

Grout material: Bentonite

Grout interval: ____ ft. to ____ ft.

Grout material: ____

Screen / perforation material: PVC

Screen / perforation openings: Mill slot

Screen / perforation intervals:

From 30 ft. to 55 ft.

Slot size .1 unit inches

From ____ ft. to ____ ft.

Slot size ____ unit ____

Gravel pack intervals:

Gravel pack not used: ☐ Gravel size ____ in

From 20 ft. to 60 ft.

Gravel pack not used: ☐ Gravel size ____ in

From ____ ft. to ____ ft.

## WELL WATER USE

Irrigation

## COMPLETION

Depth of completed well: 60 ft.

Depth(s) groundwater encountered:

(1) ____ ft.; (2) ____ ft.;

(3) ____ ft.; (4) ☐ dry well

Static water level in well: 14.20 ft.

✓ measured below land surface on (mm/dd/yy): 05/02/2023

☐ measured above land surface on (mm/dd/yy): ____

Estimated yield: ____ gpm

Water level was: ____ ft. after ____ hours pumping ____ gpm

Pump installed? ☐ Yes ✓ No

Water well disinfected? ✓ Yes ☐ No

Date disinfected (mm/dd/yy): 05/02/2023

Aquifer, if known:

## NEAREST SOURCE OF POTENTIAL CONTAMINATION

Source: ____

Distance from well: ____ Direction from well: ____

Source description: ____

Source: ____

Distance from well: ____ Direction from well: ____

Source description: ____

✓ No potential source of contamination within 100 feet.

## PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: 28894

KDHE / EPA Project Code: ____

Site Name: ____

KDHE UIC Class V Form Completed: ☐ Yes ☐ No

County Permit: ☐ Yes ☐ No Permit ID: ____

Lease Name & Well #: ____

# of boreholes: ____ # of dewatering wells: ____

## LITHOLOGIC LOG

| FROM | TO | LITHOLOGY INTERVALS |
|---|---|---|
| 0 | 7 | topsoil |
| 7 | 11 | clay,brown |
| 11 | 55 | sand & gravel,fine to coarse |
| 55 | 60 | clay,sandy,brown |
| | | |
| | | |

## COMMENTS

## CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed ✓ reconstructed ☐ pursuant to the stated water well contractor's license and was completed on 05/02/2023. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on 06/16/2023 under the business name of Clarke Well & Equipment, Inc., Kansas Water Well Contractor's License No. 185 under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: Brent Clarke.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

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