

WATER WELL RECORD Form WWC-5

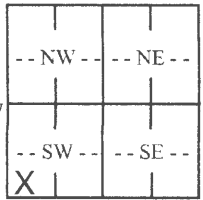
☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

Well ID

| | | | | |
|---|--|-----------------------------|----------------------------------|--|
| 1 LOCATION OF WATER WELL: County: <u>Pottawatomie</u> | Fraction <u>NE 1/4 SW 1/4 SW 1/4 SW 1/4</u> | Section Number <u>10</u> | Township Number <u>T 10 S</u> | Range Number <u>R 12</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|---|--|-----------------------------|----------------------------------|--|

| | |
|--|---|
| 2 WELL OWNER: Last Name: _____ First: _____ Business: <u>City of St. Marys</u> Address: <u>200 S. 7th Str</u> Address: _____ City: <u>St. Mary</u> State: <u>KS</u> ZIP: <u>66536</u> | 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: <input type="checkbox"/> <u>About 10th mile SE of 6th Str & Coleman Dr</u> <u>South of ballfield</u> |
|--|---|

| | | |
|--|---|--|
| 3 LOCATE WELL WITH "X" IN SECTION BOX: N  S W E | 4 DEPTH OF COMPLETED WELL: <u>47</u> ft. Depth(s) Groundwater Encountered: 1) <u>19</u> ft. 2) _____ ft. 3) _____ ft. or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>16</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>03/26/2020</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: <u>200</u> gpm Bore Hole Diameter: <u>16</u> in. to <u>47</u> ft. and _____ in. to _____ ft. | 5 Latitude: <u>39.189534</u> (decimal degrees) Longitude: <u>96.071629</u> (decimal degrees) Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: _____ <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____ |
| | | 6 Elevation: <u>946</u> ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Other <u>KOLAR</u> |

7 WELL WATER TO BE USED AS:

| | | |
|---|---|---|
| 1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID _____ | 10. <input type="checkbox"/> Oil Field Water Supply: lease _____ |
| 2. <input type="checkbox"/> Irrigation | 6. <input type="checkbox"/> Dewatering: how many wells? _____ | 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 3. <input type="checkbox"/> Feedlot | 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ | 12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical |
| 4. <input type="checkbox"/> Industrial | 8. <input type="checkbox"/> Monitoring: well ID _____ | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water |
| | 9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 13. <input type="checkbox"/> 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 JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 10 in. to 47 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 18 in. Weight _____ lbs./ft. Wall thickness or gauge No. SDR26

TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous Slot ☒ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) _____
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 24 ft. to 44 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 47 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____
Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Nearest source of possible contamination: No potential source of contamination within 200 ft.
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☒ Other (Specify) Contaminated site
Direction from well? All Distance from well? 0 ft.

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|--------------------------|------|----|--|
| 0 | 1 | Clay | | | |
| 1 | 13 | Sand, silty | | | |
| 13 | 19 | Sand, fine | | | |
| 19 | 43 | Coarse sand w/ fine sand | | | |
| 43 | 47 | Shale | | | |

Notes: Well was drilled to pump nitrates in groundwater on to ball fields to keep nitrates from migrating off site.

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) 03/26/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo-day-year) 03/26/2020 under the business name of Associated Drilling, Inc.

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

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.

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

KSA 82a-1212