

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. **49910**

Well ID #**8**

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: Pottawatomie

Fraction **NW ¼ NE ¼ NW ¼ NE ¼**

Section Number **3**

Township Number **T 10 S**

Range Number **R 9 E W**

2 WELL OWNER: Last Name:

Business: **City of St. George**
Address: **P.O. Box 33**
Address:

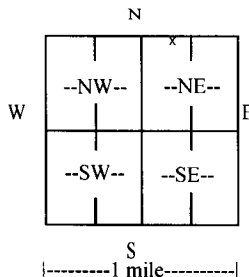
City: **St. George**

First:

State: **KS** ZIP: **66535**

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:
Approximately 1.50 miles north and 1.50 miles east of St. George.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 141.90 ft.

Depth(s) Groundwater Encountered: 1) _____ ft.
2) _____ ft. 3) _____ ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: 46.10 ft.

below land surface, measured on (mo-day-yr) **04-07-20**

above land surface, measured on (mo-day-yr)

Pump test data: Well water was not checked ft.
after _____ hours pumping _____ gpm
Well water was _____ ft.
after _____ hours pumping _____ gpm

Estimated Yield: _____ gpm

Bore Hole Diameter: 38 in. to 140.50 ft. and _____ in. to _____ ft.

5 Latitude: 39.217204 (decimal degrees)

Longitude: -96.394904 (decimal degrees)

Horizontal Datum: WGS 84 NAD 83 NAD 27

Source for Latitude/Longitude:

GPS (unit make/model: _____)

(WAAS enabled? Yes No)

Land Survey Topographic Map

Online Mapper:

6 Elevation: Unknown ft. Ground Level TOC

Source: Land Survey GPS Topographic Map

Other

7 WELL WATER TO BE USED AS:

1. Domestic:

- Household
- Lawn & Garden
- Livestock

2. Irrigation

3. Feedlot

4. Industrial

5. Public Water Supply: well ID #**8**

6. Dewatering: how many wells? _____

7. Aquifer Recharge: well ID _____

8. Monitoring: well ID _____

9. Environmental Remediation: well ID _____

Air Sparge Soil Vapor Extraction

Recovery Injection

10. Oil Field Water Supply: lease

11. Test Hole: well ID _____

Cased Uncased Geotechnical

12. Geothermal: how many bores?

a) Closed Loop Horizontal Vertical

b) Open Loop Surface Discharge Inj. of Water

13. 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 CASING JOINTS: Glued Clamped Welded Threaded Other Certalok

Casing diameter 12 in. to 100 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 23 in. Weight 18.89 lbs./ft. Wall thickness or gauge No. .750

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 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 100 ft. to 140 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 36 ft. to 79 ft., From 89 ft. to 140.50 ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL:

Neat cement Cement grout Bentonite Other

Grout Intervals: From 5 ft. to 25 ft., From 25 ft. to 36 ft., From _____ ft. to _____ ft.

Nearest source of possible contamination:

- 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) None Known

Direction from well? _____ Distance from well? _____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Topsoil			
2	16	Sand, fine			
16	33	Sandy clay, very fine sand			
33	96	Sand, very fine			
96	138	Sand, fine			
138	140	Sand & gravel, fine to medium			
140	140.50	Limestone, hard			
					Notes:

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) **04-07-20** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo-day-year) **04-13-20**
under the business name of **Clarke Well & Equipment, Inc.** 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.