

WATER WELL RECORD**Form WWC-5**☒ Original Record ☐ Correction ☐ Change in Well UseDivision of Water
Resources App. No.Well ID **OB-7-19****1 LOCATION OF WATER WELL:**

County: Coffey

Fraction
SE ¼ NE ¼ SE ¼ NW ¼Section Number
16Township Number
T 21 SRange Number
R 15 ☒ E ☐ W**2 WELL OWNER:** Last Name:

First:

Business: Great Lakes Dredge & Dock Co., LLC

Address: 2122 York Rd., Suite 200

Address:

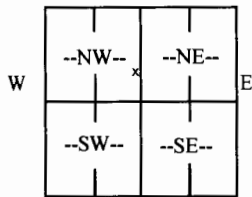
City: Oak Brook

State: IL

ZIP: 60523

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 1.5 miles north and 1.5 miles west of Burlington.**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

S
-----1 mile-----**4 DEPTH OF COMPLETED WELL:**

20 ft.

Depth(s) Groundwater Encountered: 1) ft.

2) ft. 3) ft. or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: 5 ft.

☒ below land surface, measured on (mo-day-yr) 05-16-19☐ 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: 5 in. to 20 ft. and in. to ft.

5 Latitude: 38.223044

(decimal degrees)

Longitude: -95.765847

(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:** Unknownft. ☐ Ground Level ☐ TOCSource: ☐ Land Survey ☐ GPS ☐ Topographic Map☐ Other**7 WELL WATER TO BE USED AS:**

1. Domestic:

- ☐ Household
☐ Lawn & Garden
☐ Livestock

2. ☐ Irrigation3. ☐ Feedlot4. ☐ Industrial5. ☐ Public Water Supply: well ID6. ☐ Dewatering: how many wells?7. ☐ Aquifer Recharge: well ID8. ☐ Monitoring: well ID

9. Environmental Remediation: well ID

☐ Air Sparge ☐ Soil Vapor Extraction☐ Recovery ☐ Injection10. ☐ Oil Field Water Supply: lease

11. Test Hole: well ID

☐ Cased ☐ Uncased ☐ Geotechnical

12. Geothermal: how many bores?

a) Closed Loop ☐ Horizontal ☐ Verticalb) Open Loop ☐ Surface Discharge ☐ Inj. of Water13. ☒ Other (specify): Observation**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

Casing diameter 2 in. to 13 ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface 24 in. Weight .73 lbs./ft. Wall thickness or gauge No. .214

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 13 ft. to 18 ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 12 ft. to 20 ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL:☐ Neat cement☐ Cement grout☒ Bentonite☐ Other

Grout Intervals: From 0 ft. to 12 ft., From ft. to 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	3	Topsoil			
3	11	Clay, dark gray, hard			
11	16	Clay, brown, hard			
16	18	Gravel, coarse to fine, with sand, coarse to fine			
18	20	Limestone			

Notes: Grouting modified due to shallow groundwater

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) 05-16-19 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) 05-22-19
 under the business name of Clarke Well & Equipment, Inc. Signature *[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.

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

KSA 82a-1212

Revised 7/10/2015