

WATER WELL RECORD

Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use
Division of Water
Resources App. No.

Well ID TW-11-19

1 LOCATION OF WATER WELL:

County: Coffey

Fraction
NE ¼ SE ¼ SE ¼ SE ¼Section Number
17Township Number
T 21 SRange Number
R 15 ☒ E ☐ W

2 WELL OWNER: Last Name:

First:

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.

Business: Great Lakes Dredge & Dock Co., LLC

Address: 2122 York Rd., Suite 200

Address:

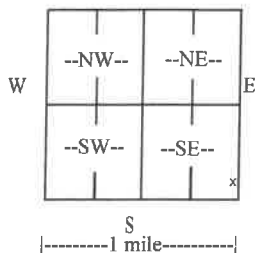
City: Oak Brook

State: IL

ZIP: 60523

3 LOCATE WELL
WITH "X" IN
SECTION BOX:

N



4 DEPTH OF COMPLETED WELL: 37 ft.

Depth(s) Groundwater Encountered: 1) _____ ft.

2) _____ ft. 3) _____ ft., or 4) ☐ Dry Well

WELL'S STATIC WATER LEVEL: 3 ft.

☒ below land surface, measured on (mo-day-yr) 09-05-19☐ 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: 9 in. to 39 ft. and

in. to _____ ft.

5 Latitude: 38.215708 (decimal degrees)

Longitude: -95.775082 (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 ☐ TOCSource: ☐ Land Survey ☐ GPS ☐ Topographic Map☐ Other

7 WELL WATER TO BE USED AS:

1. Domestic:

☐ Household☐ Lawn & Garden☐ Livestock2. ☐ Irrigation3. ☐ Feedlot4. ☐ Industrial5. ☐ Public Water Supply: well ID _____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 ☐ 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): Test WellWas 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 ☒ PVCCASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded ☐ Other

Casing diameter 5 in. to 25 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 24 in. Weight 2.36 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 25 ft. to 35 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 21 ft. to 39 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL:

☐ Neat cement☐ Cement grout☒ Bentonite☐ Other

Grout Intervals: From 0 ft. to 21 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	2	Topsoil			
2	5	Clay, gray			
5	17	Clay, brown			
17	25	Clay, tan			
25	30	Gravel, coarse to fine, with large rocks			
30	34.60	Clay streaks, gravel, coarse to fine, with large rock			
34.60	35	Limestone			
35	39	Shale, gray			

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) 09-05-19 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) 09-09-19

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.

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

KSA 82a-1212

Revised 7/10/2015