

WATER WELL RECORD**Form WWC-5**☒ Original Record ☐ Correction ☐ Change in Well UseDivision of Water
Resources App. No.Well ID **OB-12-19****1 LOCATION OF WATER WELL:**

County: Coffey

Fraction
SW ¼ SW ¼ SE ¼Section Number
17Township Number
T 21 SRange Number
R 15 ☒ E ☐ W**2 WELL OWNER:** Last Name: _____ First: _____

Business: Great Lakes Dredge & Dock Co., LLC

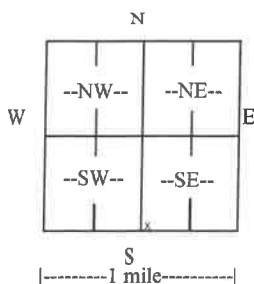
Address: 2122 York Rd., Suite 200

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:****4 DEPTH OF COMPLETED WELL:** _____ ft.

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

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

WELL'S STATIC WATER LEVEL: 5.85 ft.

☒ below land surface, measured on (mo-day-yr) 09-06-19☐ 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 39 ft. and

_____ in. to _____ ft.

5 Latitude: 38.214036 (decimal degrees)**Longitude:** -95.78364 (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): Observation Well**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 ☒ PVCCASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded ☐ Other _____

Casing diameter 2 in. to 30 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. 215

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 30 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	7	Clay, gray			
7	11	Clay, brown			
11	30	Clay, tan			
30	35	Gravel, coarse to fine, with large rocks			
35	39	Limestone with shale streaks			

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) 09-06-19 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.izov/waterwell/index.html>

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Revised 7/10/2015