

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. []

Well ID TH-1-18

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: Sumner

Fraction SE 1/4 NE 1/4 NE 1/4 NW 1/4

Section Number 30

Township Number T 30 S

Range Number R 1 E W

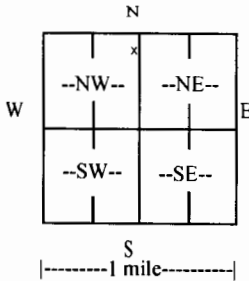
2 WELL OWNER: Last Name:

Business: VNA Corporation
Address: 625 Kenmoor Ave. SE, Suite 301
City: Grand Rapids State: MI ZIP: 49546

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 2 miles north and 5 miles west of Belle Plaine.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 31 ft.

Depth(s) Groundwater Encountered: 1) _____ ft.
2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 14.02 ft.
 below land surface, measured on (mo-day-yr) 08-27-18
 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 35 ft. and in. to _____ ft.

5 Latitude: 37.419084 (decimal degrees)

Longitude: -97.358359 (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 _____
- 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 TH-1-18
 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

Casing diameter 2 in. to 23 ft., Diameter in. to _____ ft., Diameter in. to _____ ft.
Casing height above land surface 24 in. Weight .70 lbs./ft. Wall thickness or gauge No. .154

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 23 ft. to 29 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 35 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:

- 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	5	Topsoil			
5	13	Clay, brown			
13	18	Sand, fine to coarse			
18	29	Sand, fine to coarse, with fine to medium gravel			
29	33	Shale, gray			
33	35	Shale, black			

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) 08-27-18 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) 09-05-18
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.