

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.

Well ID **TW-1-18**

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <b>Sumner</b>	Fraction <b>SE ¼ NE ¼ NE ¼ NW ¼</b>	Section Number <b>30</b>	Township Number <b>T 30 S</b>	Range Number <b>R 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W</b>
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<b>2 WELL OWNER:</b> Last Name: <b>VNA Corporation</b> Business: <b>VNA Corporation</b> Address: <b>625 Kenmoor Ave. SE, Suite 301</b> Address: City: <b>Grand Rapids</b> State: <b>MI</b> ZIP: <b>49546</b>	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: <input type="checkbox"/> <b>Approximately 2 miles north and 5 miles west of Belle Plaine.</b>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align: center;">N W <span style="display: inline-block; border: 1px solid black; padding: 2px;">  x  </span> E S -----1 mile-----</div>	<b>4 DEPTH OF COMPLETED WELL:</b> <b>31</b> ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <b>14.20</b> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>08-28-18</b> <input type="checkbox"/> 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: <b>9</b> in. to <b>34</b> ft. and _____ in. to _____ ft.	<b>5 Latitude:</b> <b>37.419085</b> (decimal degrees) <b>Longitude:</b> <b>-97.358393</b> (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input checked="" type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:
<b>6 Elevation:</b> <b>Unknown</b> ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____		

**7 WELL WATER TO BE USED AS:**

1. <input type="checkbox"/> Domestic <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID 6. <input type="checkbox"/> Dewatering: how many wells? 7. <input type="checkbox"/> Aquifer Recharge: well ID 8. <input type="checkbox"/> Monitoring: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease 11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	12. Geothermal: how many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
13. <input checked="" type="checkbox"/> Other (specify): <b>Test Well</b>		

**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 **5** in. to **19** 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 **19** ft. to **29** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
GRAVEL PACK INTERVALS: From **18** ft. to **34** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Intervals: From **0** ft. to **18** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**Nearest source of possible contamination:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input checked="" type="checkbox"/> Other (Specify) <b>None Known</b>				

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	30	Shale, gray			
30	34	Shale, black			

**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) **08-28-18** 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 *[Signature]*