

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID MW-9

1 LOCATION OF WATER WELL: County: Brown	Fraction 1/4 NW 1/4 NW 1/4 SW 1/4	Section Number 15	Township Number T 4 S	Range Number R 15 E
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2 WELL OWNER: Last Name: **Sac n Fox** First: **Sac n Fox** 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:
 Business: **Sac n Fox** Address: **1346 US 75 Highway** City: **Powhattan** State: **KS** ZIP: **66527**
Sac n Fox Fuel Station Facility
1346 US 75 Highway, Powhattan, KS 66527

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

NW	NE
SW	SE

S

----- 1 mile -----

4 DEPTH OF COMPLETED WELL: **16.5** ft.
 Depth(s) Groundwater Encountered: 1) **5** ft.
 2) **N/A** ft. 3) **N/A** ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: **11.59** ft.
 below land surface, measured on (mo-day-yr) **1/25/17**
 above land surface, measured on (mo-day-yr) _____
 Pump test data: Well water was **N/A** ft. after **N/A** hours pumping **N/A** gpm
 Well water was **N/A** ft. after **N/A** hours pumping **N/A** gpm
 Estimated Yield: **N/A** gpm
 Bore Hole Diameter: **8.25** in. to **16.5** ft. and **N/A** in. to **N/A** ft.

5 Latitude: **39.70342** (decimal degrees)
Longitude: **95.72778** (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: **1135.68** ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other _____

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID _____	10. <input type="checkbox"/> Oil Field Water Supply: lease _____
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? _____	11. Test Hole: well ID _____
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID _____	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input checked="" type="checkbox"/> Monitoring: well ID MW-9	12. Geothermal: how many bores? _____
	9. Environmental Remediation: well ID _____	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> 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 Other _____ CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter **2** in. to **5** ft., Diameter **N/A** in. to **N/A** ft., Diameter **N/A** in. to **N/A** ft.
 Casing height above land surface **30** in. Weight **N/A** lbs./ft. Wall thickness or gauge No. **Sch. 40**

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 **5** ft. to **16.5** ft. From **N/A** ft. to **N/A** ft. From **N/A** ft. to **N/A** ft.
GRAVEL PACK INTERVALS: From **3** ft. to **16.5** ft. From **N/A** ft. to **N/A** ft. From **N/A** ft. to **N/A** ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other **Concrete 0-1 feet**
 Grout Intervals: From **1** ft. to **3** ft., From **N/A** ft. to **N/A** ft., From **N/A** ft. to **N/A** 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) _____
 Direction from well? **Southwest** Distance from well? **500** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	CH: med stiff. wet. dk brn CLAY			
2	10.5	CH: stiff. moist. ona-av. CLAY			
10.5	14	ML: v stiff. moist. ona-av SILT			
14	14.5	SM: loose. wet. ona silty (m-c) SAND			
14.5	16.5	ML: v stiff. ona-av. sandv SILT			

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) **1-23-2017** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **759** This Water Well Record was completed on (mo-day-year) **1-29-2017** under the business name of **RAZEK Environmental, LLC** 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.