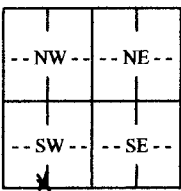


WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: <u>Atchison</u>		Fraction <u>SE 1/4 SE 1/4 SW 1/4 SW 1/4</u>		Section Number <u>32</u>		Township Number <u>T 5 S</u>		Range Number <u>R 17 E W</u>																																																							
2 WELL OWNER: Last Name: <u>Hanson</u> First: <u>Jeff</u> Business: _____ Address: _____ Address: <u>1976 278th Rd.</u> City: <u>Muscotah</u> State: <u>KS</u> ZIP: <u>66058</u>				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"/> <u>From Muscotah 1 mile west, 1 mile north, 750' east and 200' north approx.</u>																																																											
3 LOCATE WELL WITH "X" IN SECTION BOX: N  W E S 1 mile		4 DEPTH OF COMPLETED WELL: <u>58</u> ft. Depth(s) Groundwater Encountered: 1) <u>24</u> ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>13</u> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr). <u>9/5/2015</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: <u>0.5</u> gpm Bore Hole Diameter: <u>8 3/4</u> in. to <u>58</u> ft. and _____ in. to _____ ft.		5 Latitude: <u>39.566333</u> (decimal degrees) Longitude: <u>-95.540833</u> (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Online Mapper: <u>Flash Earth</u>																																																											
6 Elevation: _____ 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. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 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 _____ 9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 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 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 type="checkbox"/> Other (specify): _____																																																															
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____ Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																															
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter <u>5</u> in. to <u>58</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>48</u> in. Weight _____ lbs./ft. Wall thickness or gauge No. <u>SCH 40</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) SCREEN-PERFORATED INTERVALS: From <u>22</u> ft. to <u>28</u> ft., From <u>48</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>21</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft.																																																															
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals: From <u>0</u> ft. to <u>21</u> 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) <u>River</u> Direction from well? <u>East</u> Distance from well? <u>300</u> ft.																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>9</td> <td>silty dark brown clay</td> <td>42.5</td> <td>44</td> <td>grey shale</td> </tr> <tr> <td>9</td> <td>14</td> <td>silty brown clay</td> <td>44</td> <td>45</td> <td>grey limestone</td> </tr> <tr> <td>14</td> <td>22</td> <td>brown silt and brown clay</td> <td>45</td> <td>58</td> <td>grey shale</td> </tr> <tr> <td>22</td> <td>24</td> <td>dark grey clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>24</td> <td>27</td> <td>coarse sand, small gravel, grey clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>27</td> <td>29</td> <td>brown clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>29</td> <td>41</td> <td>grey clay/weathered shale</td> <td colspan="3" rowspan="3">Notes:</td> </tr> <tr> <td>41</td> <td>42</td> <td>grey shale</td> </tr> <tr> <td>42</td> <td>42.5</td> <td>grey limestone</td> </tr> </tbody> </table>										10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	9	silty dark brown clay	42.5	44	grey shale	9	14	silty brown clay	44	45	grey limestone	14	22	brown silt and brown clay	45	58	grey shale	22	24	dark grey clay				24	27	coarse sand, small gravel, grey clay				27	29	brown clay				29	41	grey clay/weathered shale	Notes:			41	42	grey shale	42	42.5	grey limestone
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>9/5/2015</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>739</u> This Water Well Record was completed on (mo-day-year) <u>10/2/2015</u> under the business name of <u>Rork Drilling</u> Signature <u>Mike Rork</u> 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																																																															