

WATER WELL RECORD Form WWC-5

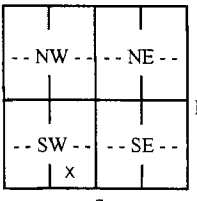
☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water
Resources App. No.

Well ID **MW20**

1 LOCATION OF WATER WELL: County: <u>Washington</u>		Fraction NE 1/4 NW 1/4 NW 1/4 NE 1/4	Section Number 2	Township Number T 6 S	Range Number R 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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2 WELL OWNER: Last Name: Kramer Business: Kramer Oil Co., Inc. Address: PO Box 343 City: Marvsville State: KS ZIP: 66508		First: Chad 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"/> 204 E Parallel St Clifton, KS 66937
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3 LOCATE WELL WITH "X" IN SECTION BOX: N  S W E 1 mile	4 DEPTH OF COMPLETED WELL: 25 ft. Depth(s) Groundwater Encountered: 1) 18 ft. 2) 18.05 ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 18.05 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 12/16/21 <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: _____ gpm Bore Hole Diameter: 8.5 in. to 25 ft. and _____ in. to _____ ft.	5 Latitude: 39.56631 (decimal degrees) Longitude: 97.28291 (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" 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 checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____
	6 Elevation: 1269.17 ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC Source: <input checked="" 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 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 checked="" type="checkbox"/> Monitoring: well ID MW20	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): _____
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Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: _____
 Water well disinfected? ☐ Yes ☒ No

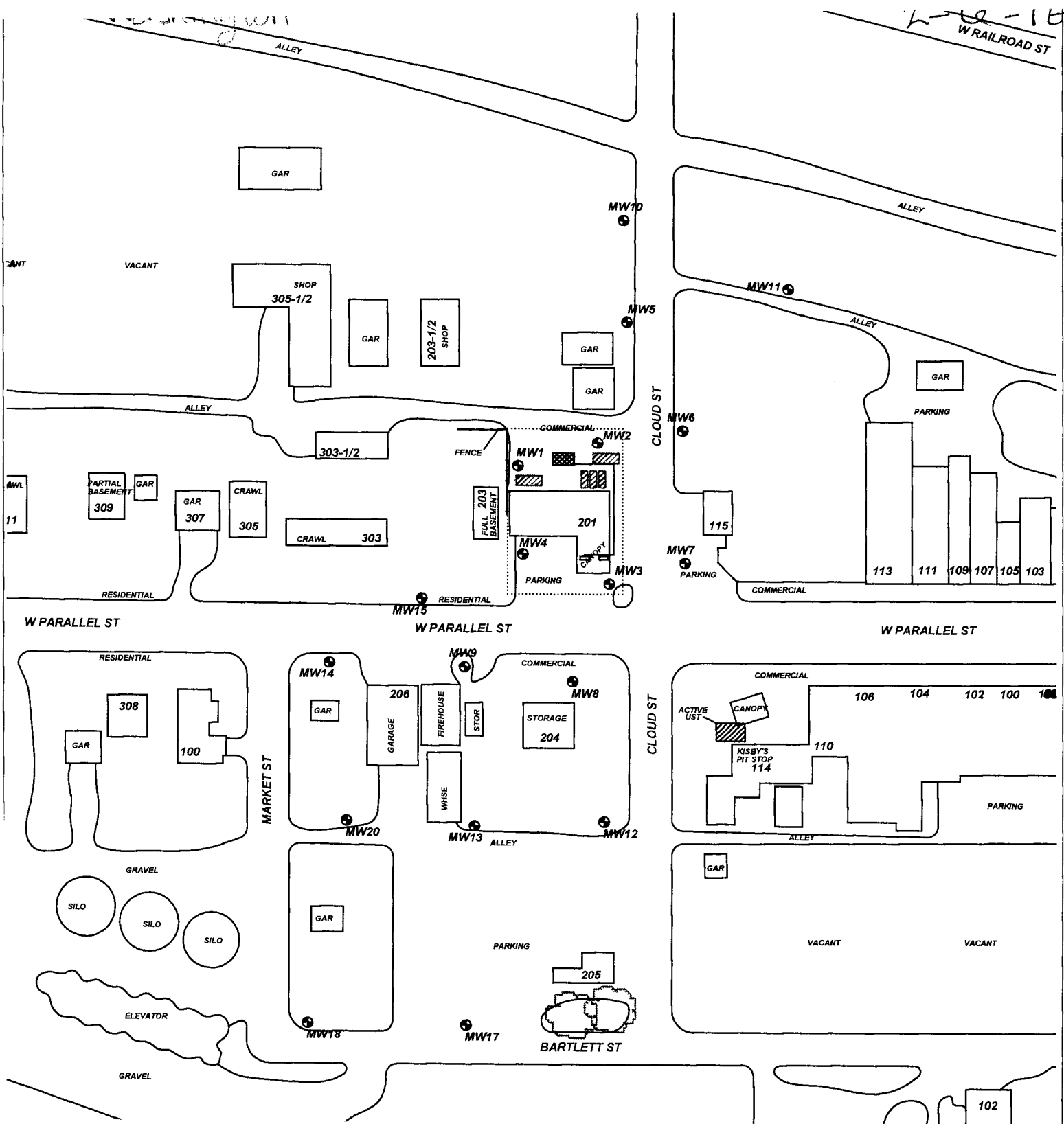
8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____ CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded
 Casing diameter **2** in. to **25** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface _____ in. Weight _____ lbs./ft. Wall thickness or gauge No. **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 **15** ft. to **25** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **13** ft. to **25** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other **0-1 Concrete**
 Grout Intervals: From **1** ft. to **13** 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) _____
 Direction from well? **EAST** Distance from well? **75** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Topsoil, silty clay loam			
1	15	Silty clay			
15	19	Sandy clay			
19	25	Silty clay			

Notes: Clifton Cardlock U5-101-15172
Clifton, KS 66937

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) **12/8/21** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo-day-year) **1/7/21**
 under the business name of **Associated Environmental, 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.gov/waterwell/index.html> KSA 82a-1212 **Revised 7/10/2015**



**ASSOCIATED
ENVIRONMENTAL
INC.**