

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Leavenworth	Fraction 1/4 CW 1/4 SW 1/4 NE 1/4	Section Number 19	Township No. T 8 S	Range Number R 21 E
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Approximately 2 miles south of the intersection of 231st St. and Broad St. on the west side of the road in Easton.		Global Positioning System (GPS) information: Latitude: 39.341083 (in decimal degrees) Longitude: -95.114434 (in decimal degrees) Elevation: Unknown Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: WAAS) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: City of Easton RR#, Street Address, Box #: 300 W. Riley St. City, State, ZIP Code : Easton, KS 66020				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; text-align: center; width: 80px; height: 80px;"> <tr><td>--NW--</td><td>X</td><td>--NE--</td></tr> <tr><td>--SW--</td><td></td><td>--SE--</td></tr> </table> E S [-----1 mile-----]	--NW--	X	--NE--	--SW--		--SE--	4 DEPTH OF COMPLETED WELL 55 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 4 ft. below land surface measured on mo/day/yr 06/23/15 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 5 in. to 60 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Observation Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--NW--	X	--NE--					
--SW--		--SE--					

5 TYPE OF CASING USED: Steel PVC Other
CASING JOINTS: Glued Clamped Welded Threaded Other (Specify)
Casing diameter **2** in. to **43** 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 PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
SCREEN-PERFORATED INTERVALS: From **43** ft. to **53** ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **40** ft. to **60** ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
Grout Intervals: From **0** ft. to **40** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well **None Known**
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Topsoil			
2	21	Clay, tan & gray			
21	43	Clay, gray, soft, silty			
43	49	Sand, very fine			
49	52	Sand, very fine to fine to medium			
52	57	Gravel, coarse to fine, with coarse to very fine sand			
57	60	Shale, gray, hard			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **06/23/15** 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) **07/01/15**
under the business name of **Clarke Well & Equipment, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.