WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. _____ Well ID P-4

■ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County: Riley | Fraction: SE ¼ SW ¼ NE ¼ NW ¼ | Section Number: 31 | Township Number: T 9 S | Range Number: R 8 ■ E ☐ W

2 WELL OWNER: Last Name: First:
Business: K-State University Department of Plant Pathology
Address: 1712 Claflin Road
Address: 4024 Throckmorton PSC
City: Manhattan State: KS ZIP: 66506

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: ☐
17000 Barnes Road, Manhattan, Kansas 66502

3 LOCATE WELL WITH "X" IN SECTION BOX: N / W / E / S; NW, NE, SW, SE; |——1 mile——|

4 DEPTH OF COMPLETED WELL: 25.3 ft.
Depth(s) Groundwater Encountered: 1) 20 ft. 2) 12 ft. 3) 8.6 ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 9.25 ft.
■ below land surface, measured on (mo-day-yr) 8/13/20
☐ 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: 4.25 in. to ____ ft. and ____ in. to ____ ft.

5 Latitude: 39.2296 (decimal degrees)
Longitude: -96.5785 (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: 1031.5 ft. ☐ Ground Level ☐ TOC
Source: ☐ Land Survey ☐ GPS ■ Topographic Map ☐ Other ____

7 WELL WATER TO BE USED AS:
1. Domestic: ☐ Household ☐ Lawn & Garden ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID ____
6. ☐ Dewatering: how many wells? ____
7. ☐ Aquifer Recharge: well ID ____
8. ■ Monitoring: well ID P-4
9. Environmental Remediation: well ID ____ ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease ____
11. Test Hole: well ID ____ ☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? ____ a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ 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 25.3 ft., Diameter ____ in. to ____ ft., Diameter ____ in. to ____ ft.
Casing height above land surface 0 in. Weight ____ 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 15.3 ft. to 25.3 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 14.3 ft. to 25.3 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other ____
Grout Intervals: From 1 ft. to 14.3 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) Agricultural use
Direction from well? General Area Distance from well? On site ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Topsoil			
1	25.3	Lean to fat clay, brown to gray brown			
			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) 8/6/20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo-day-year) 8/12/20 under the business name of Terracon Consultants, Inc Signature [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**