

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID **TW-2-18**

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Pottawatomie	Fraction SW ¼ SE ¼ NW ¼ SE ¼	Section Number 32	Township Number T 9 S	Range Number R 9 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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2 WELL OWNER: Last Name: _____ First: _____ Business: Pottawatomie Co. RWD #1 Address: 5650 N. Highway 99 Address: _____ City: Wamego State: KS ZIP: 66547	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"/> Approximately 2 miles north and 0.5 miles west of Saint George.
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3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">--NW--</td><td style="text-align: center;">--NE--</td></tr> <tr><td style="text-align: center;">--SW--</td><td style="text-align: center;">--SE--</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table> <p style="text-align: center;">-----1 mile-----</p> </div>	N		--NW--	--NE--	--SW--	--SE--	S		4 DEPTH OF COMPLETED WELL: 178 ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 111.20 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 09-13-18 <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 9 in. to 189 ft. and _____ in. to _____ ft.
N									
--NW--	--NE--								
--SW--	--SE--								
S									

5 Latitude: 39.221814 (decimal degrees) Longitude: -96.432514 (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input checked="" type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____	6 Elevation: Unknown 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 _____
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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 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 checked="" type="checkbox"/> Other (specify): Test Well

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: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded <input type="checkbox"/> Other Casing diameter 5 in. to 124 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 24 in. Weight 2.36 lbs./ft. Wall thickness or gauge No. .214	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 checked="" 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 type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)	
SCREEN-PERFORATED INTERVALS: From 124 ft. to 136 ft., From 136 ft. to 176 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 27 ft. to 189 ft., From _____ ft. to _____ 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 0 ft. to 27 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) None Known
Direction from well? _____ Distance from well? _____ ft.	

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Topsoil	160	170	Sand, fine to very fine, with medium sand streaks
2	7	Clay, brown	170	182	Sand, fine to very fine, with fine gravel
7	53	Sand, very fine to medium	182	189.60	Limestone
53	115	Sand, very fine to coarse			
115	127	Clay, tan, sand streaks			
127	133	Clay, gray			
133	135	Clay, gray, green, tan			
135	140	Clay, gray, green			
140	160	Sand, fine to very fine			

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) 09-13-18 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) 09-17-18
 under the business name of Clarke Well & Equipment, 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**