

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID **TW-3-18**

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: Pottawatomie

Fraction SW 1/4 SE 1/4 NW 1/4 SE 1/4

Section Number 32

Township Number T 9 S

Range Number R 9 E W

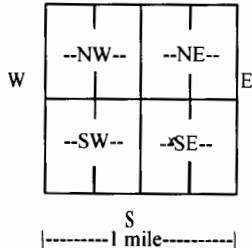
2 WELL OWNER: Last Name:

Business: Pottawatomie Co. RWD #1
Address: 5650 N. Highway 99
Address:
City: Wamego State: KS ZIP: 66547

First:

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:
Approximately 2 miles north and 0.5 miles west of Saint George.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL:

189 ft.
Depth(s) Groundwater Encountered: 1) _____ ft.
2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 106.45 ft.
 below land surface, measured on (mo-day-yr) 10-22-18
 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: 10 in. to 196 ft. and _____ in. to _____ ft.

5 Latitude: 39.221904 (decimal degrees)

Longitude: -96.43251 (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: Unknown 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
- 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): 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:

Steel PVC CASING JOINTS: Glued Clamped Welded Threaded Other

Casing diameter 5 in. to 147 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. 215

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 147 ft. to 187 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 24 ft. to 196 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL:

Neat cement Cement grout Bentonite Other

Grout Intervals: From 0 ft. to 24 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) 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	119	121	Sand, very fine
2	8	Clay, brown	121	130	Clay, gray
8	53	Clay, brown, sandy	130	150	Clay, dark gray, sand streaks
53	70	Sand, very fine to medium	150	155	Sand, very fine
70	84	Clay, brown	155	167	Sand, very fine to fine
84	105	Sand, very fine			Continued on back side
105	115	Clay, gray, with sand, very fine	Notes:		
115	117	Sand, very fine			
117	119	Clay, gray, sand streaks			

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) 10-22-18 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) 10-25-18
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.

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10 FROM	TO	LITHOLOGIC LOG (cont.)	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
167	170	Sand, very fine to fine, with clay streaks			
170	189	Sand, very fine to fine			
189	190	Clay, dark gray, shale			
190	196	Shale, dark gray, with limestone streaks			

BY