

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID **TH-2-19**

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: Pottawatomie

Fraction

¼ NE ¼ SE ¼ SW ¼

Section Number

27

Township Number

T 9 S

Range Number

R 9 E W

2 WELL OWNER: Last Name:

Business: Pottawatomie County RWD #1

Address: 5650 N. Highway 99

Address:

City: Wamego

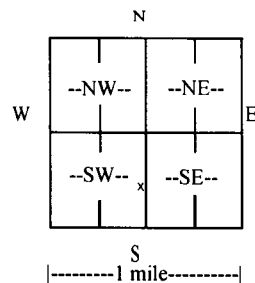
State: KS

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 2.5 miles north and 1 mile east of St. George.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL:

180 ft.

Depth(s) Groundwater Encountered: 1) _____ ft.

2) _____ ft. 3) _____ ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: 92.70 ft.

below land surface, measured on (mo-day-yr) 11-14-19

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: 5 in. to 178 ft. and

in. to _____ ft.

5 Latitude: 39.234824 (decimal degrees)

Longitude: -96.398828 (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 TH-2-19

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

CASING JOINTS: Glued Clamped Welded Threaded Other

Casing diameter 2 in. to 158 ft., Diameter in. to _____ ft., Diameter in. to _____ ft.

Casing height above land surface 24 in. Weight .73 lbs./ft. Wall thickness or gauge No. .214

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 158 ft. to 178 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 61 ft. to 178 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL:

Neat cement Cement grout Bentonite Other

Grout Intervals: From 0 ft. to 61 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	3	Topsoil	153	159	Clay, gray, sandy, soft
3	12	Clay, brown	159	178	Gravel, fine to coarse, with large rock
12	15	Clay, tan, orange	178	178.60	Limestone, gray
15	30	Clay, brown, soft, with very fine sand			
30	52	Clay, gray, brown, soft			
52	85	Clay, gray, brown, sandy			
85	123	Sand, very fine, with brown & gray clay streaks	Notes:		
123	135	Clay, brown, with sand streaks, very fine			
135	153	Sand, very fine, with sandstone 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) 11-14-19 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) 11-21-19 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.