

145 WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID OB4-20

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: Pottawatomie

Fraction SW 1/4 NE 1/4 SE 1/4 SW 1/4

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:

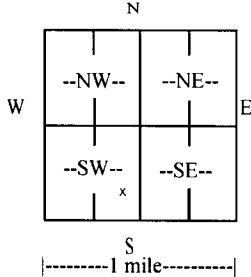
First:

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.

City: Wamego

State: KS ZIP: 66547

3 LOCATE WELL WITH 'X' IN SECTION BOX:



4 DEPTH OF COMPLETED WELL:

182 ft.
Depth(s) Groundwater Encountered: 1) ft.
2) ft. 3) ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 93.10 ft.
below land surface, measured on (mo-day-yr) 04-02-20
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 184 ft. and in. to ft.

5 Latitude: 39.234352 (decimal degrees)

Longitude: -96.399888 (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): Observation

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 160 ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface 24 in. Weight 0.73 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 160 ft. to 180 ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 28 ft. to 184 ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL:

Neat cement Cement grout Bentonite Other

Grout Intervals: From 0 ft. to 28 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.

Table with columns: 10 FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows include Topsoil, Clay, brown, sandy, Sand, fine, Sand, with clay streaks, Clay, gray, silty, soft, sandy, very fine, Clay, gray, with sand, very fine, Sand, very fine, with fine gravel, Sand, very fine, with clay streaks, silty, Sand, fine to very fine, with clay 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) 04-02-20 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) 04-06-20 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.izov/waterwell/index.html

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