

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Trego	Fraction 1/4 SE 1/4 NE 1/4 SE 1/4	Section Number 28	Township No. T 11 S	Range Number R 22 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Approximately 5 miles north and 1.5 miles west of Ogallah.		Global Positioning System (GPS) information: Latitude: 39.064401 (in decimal degrees) Longitude: -99.760336 (in decimal degrees) Elevation: Unknown Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: WAAS) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: City of Ellis RR#, Street Address, Box #: 815 Jefferson City, State, ZIP Code : Ellis, KS 67637				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N W <table border="1" style="width: 100%; height: 100px; text-align: center; border-collapse: collapse;"> <tr><td>--NW--</td><td>--NE--</td></tr> <tr><td>--SW--</td><td>--SE--</td></tr> </table> E S -----1 mile-----	--NW--	--NE--	--SW--	--SE--	4 DEPTH OF COMPLETED WELL 97 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 46.50 ft. below land surface measured on mo/day/yr 03/16/15 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 5 in. to 100 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) Observation Well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--NW--	--NE--				
--SW--	--SE--				

5 TYPE OF CASING USED: Steel PVC Other
CASING JOINTS: Glued Clamped Welded Threaded Other (Specify)
 Casing diameter **2** in. to **70** ft., Diameter **2** in. to **95** ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **24** in., Weight **70** lbs./ft., Wall thickness or gauge No. **154**
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify) _____
SCREEN-PERFORATED INTERVALS: From **70** ft. to **85** ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **30** ft. to **100** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From **0** ft. to **30** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
None Known
 Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Topsoil	31	36	Clay, gray, fine sand
1	5	Sand, gravel, fine to medium	36	43	Sand, fine
5	7	Cemented sand	43	45	Cemented sand
7	11	Sand, fine, fine gravel	45	50	Clay, white, brown
11	15	Clay, brown	50	64	Sand, fine, brown clay streaks
15	18	Sand, fine	64	85	Sand, fine
18	25	Clay, white, cemented sand	85	97	Clay, white, brown
25	26	Sand, fine	97	100	Clay, yellow, white
26	30	Clay, white			
30	31	Sand, fine			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **03/16/15** 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) **03/26/15**
 under the business name of **Clarke Well & Equipment, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.