

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

Well ID **TH-4-17**

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: Ellis

Fraction
NW ¼ SW ¼ SE ¼ NE ¼

Section Number
15

Township Number
T 12 S

Range Number
R 18 E W

2 WELL OWNER: Last Name: _____ First: _____

Business: Ellis County RWD #6

Address: P.O. Box 11

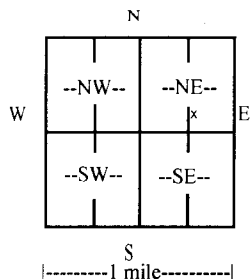
City: Catherine

State: KS

ZIP: 67627

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 8.5 miles north and 0.75 miles east of Hays.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 97 ft.

Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft. or 4) Dry Well
WELL'S STATIC WATER LEVEL: 9.20 ft.

below land surface, measured on (mo-day-yr) 05/31/17
 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 95 ft. and _____ in. to _____ ft.

5 Latitude: 39.010365 (decimal degrees)

Longitude: -99.301242 (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-4-17
 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 65 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 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 65 ft. to 85 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 95 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Intervals: From 0 ft. to 20 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	88	95	Shale, black
3	9	Clay, brown			
9	12	Clay, yellow			
12	14	Clay, yellow, white			
14	29	Clay, tan			
29	43	Limestone, white & yellow, with white clay streaks			
43	55	Clay, yellow, with limestone			Notes:
55	73	Shale, gray & green, with limestone			
73	88	Clay, tan, 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) 05/31/17 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) 06/02/17 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.