

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID #8

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Ellsworth	Fraction NW ¼ NE ¼ NW ¼ SE ¼	Section Number 36	Township Number T 15 S	Range Number R 8 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: <u>City of Kanopolis</u> Business: <u>City of Kanopolis</u> Address: <u>100 S. Kansas Ave.</u> Address: <u>P.O. Box 175</u> City: <u>Kanopolis</u> State: <u>KS</u> ZIP: <u>67454</u>	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: <input type="checkbox"/> <u>Approximately 0.50 miles south of Kanopolis.</u>
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3 LOCATE WELL WITH "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><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: 35 ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 18.50 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>03-05-20</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was <u>not checked</u> ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 38 in. to 34 ft. and _____ in. to _____ ft.	5 Latitude: 38.702942 (decimal degrees) Longitude: -98.157673 (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input checked="" type="checkbox"/> NAD 27 Source for Latitude/Longitude : <input checked="" type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: 6 Elevation: Unknown ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other
--NW--	--NE--					
--SW--	--SE--					

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input checked="" type="checkbox"/> Public Water Supply: well ID #8 6. <input type="checkbox"/> Dewatering: how many wells? _____ 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ 8. <input type="checkbox"/> Monitoring: well ID _____	10. <input type="checkbox"/> Oil Field Water Supply: lease _____ 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
2. <input type="checkbox"/> Irrigation	9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	12. Geothermal: how many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
3. <input type="checkbox"/> Feedlot		13. <input type="checkbox"/> Other (specify): _____
4. <input type="checkbox"/> Industrial		

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 12 in. to 23.50 ft., Diameter 12 in. to 33.50 ft., Diameter _____ in. to _____ ft.
Casing height above land surface 18 in. Weight _____ lbs./ft. Wall thickness or gauge No. 375

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 23.50 ft. to 28.50 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 21 ft. to 29.50 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 20 ft. to 21 ft., From 29.50 ft. to 34 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) _____

Direction from well? South Distance from well? 30 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Topsoil			
4	15	Sand & gravel, fine to medium			
15	16	Clay, yellow			
16	28	Sand & gravel, fine to medium			
28	34	Shale, gray			

Notes:

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) 03-05-20 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) 03-09-20
under the business name of Clarke Well & Equipment, Inc. Signature [Signature]