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WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

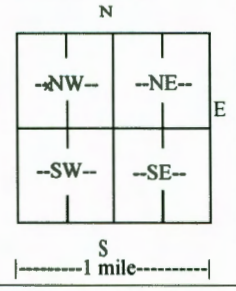
Division of Water Resources App. No. _____ Well ID Well #5

1 LOCATION OF WATER WELL: County: Ellsworth | Fraction: NW ¼ NE ¼ SW ¼ NW ¼ | Section Number: 19 | Township Number: T 15 S | Range Number: R 8 ☐ E ☒ W

2 WELL OWNER: Last Name: _____ First: _____
Business: City of Ellsworth
Address: 121 W. First St.
Address: P.O. Box 163
City: Ellsworth State: KS ZIP: 67439

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: ☐

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 49.30 ft.
Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: _____ ft.
☐ below land surface, measured on (mo-day-yr) _____
☐ above land surface, measured on (mo-day-yr) _____
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Well water was _____ ft. after _____ hours pumping _____ gpm
Estimated Yield: _____ gpm
Bore Hole Diameter: _____ in. to _____ ft. and _____ in. to _____ ft.

5 Latitude: 38.736398 (decimal degrees)
Longitude: -98.259424 (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 #5
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):

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 10.75 in. to 42.70 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface 0 in. Weight 40.5 lbs./ft. Wall thickness or gauge No. .365

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 42.70 ft. to 50.70 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 31 ft. to 50.70 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other _____
Grout Intervals: From _____ ft. to _____ 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) _____
Direction from well? _____ Distance from well? _____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
		Installed 10 3/4" liner in 12" casing			
		Cemented bottom			
		TD after cementing bottom is 49.30'			

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) 07-08-2021 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) 08-26-2021 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 KSA 82a-1212 **Revised 7/10/2015**