

**WATER WELL RECORD Form WWC-5**

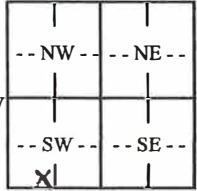
Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID SMW- 109

<b>1 LOCATION OF WATER WELL:</b> County: <b>Barton</b>	Fraction <b>SE 1/4 SW 1/4 SW 1/4 SW 1/4</b>	Section Number <b>34</b>	Township Number <b>T 17 S</b>	Range Number <b>R 11 <input type="checkbox"/> E <input checked="" type="checkbox"/> W</b>
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<b>2 WELL OWNER:</b> Last Name: <b>ADM</b> Business: <b>ADM</b> Address: <b>8800 West 110st Street</b> Address: <b>Suite 220</b> City: <b>Overland Park</b> State: <b>KS</b> ZIP: <b>66201</b>	First: <b>East</b> 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"/> <b>105 East Front Street, Claflin, Ks.</b>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S 1 mile	<b>4 DEPTH OF COMPLETED WELL:</b> <b>45</b> ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <b>30.98</b> ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <b>5-6-2023</b> <input type="checkbox"/> 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 <b>3.25</b> in. to <b>4.5</b> ft.	<b>5 Latitude:</b> <b>38.522164</b> ..... (decimal degrees) <b>Longitude:</b> <b>-98.533514</b> ..... (decimal degrees) <b>Horizontal Datum:</b> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <input checked="" type="checkbox"/> GPS (unit make/model: <b>Juniper Geode GNS2</b> ) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
		<b>6 Elevation:</b> <b>NA</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input checked="" type="checkbox"/> Monitoring: well ID <b>SMW-109</b> ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	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 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 13. <input type="checkbox"/> Other (specify): .....
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**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  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter **1** in. to **20** ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface **0** in. Weight ..... lbs./ft. Wall thickness or gauge No. **sch. 40** .....

**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 **20** ft. to **45** ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From **18** ft. to **45** ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other **cement pad** .....

Grout Intervals: From **1** ft. to **18** ft., From **0** ft. to **1** ft., From ..... ft. to ..... ft.

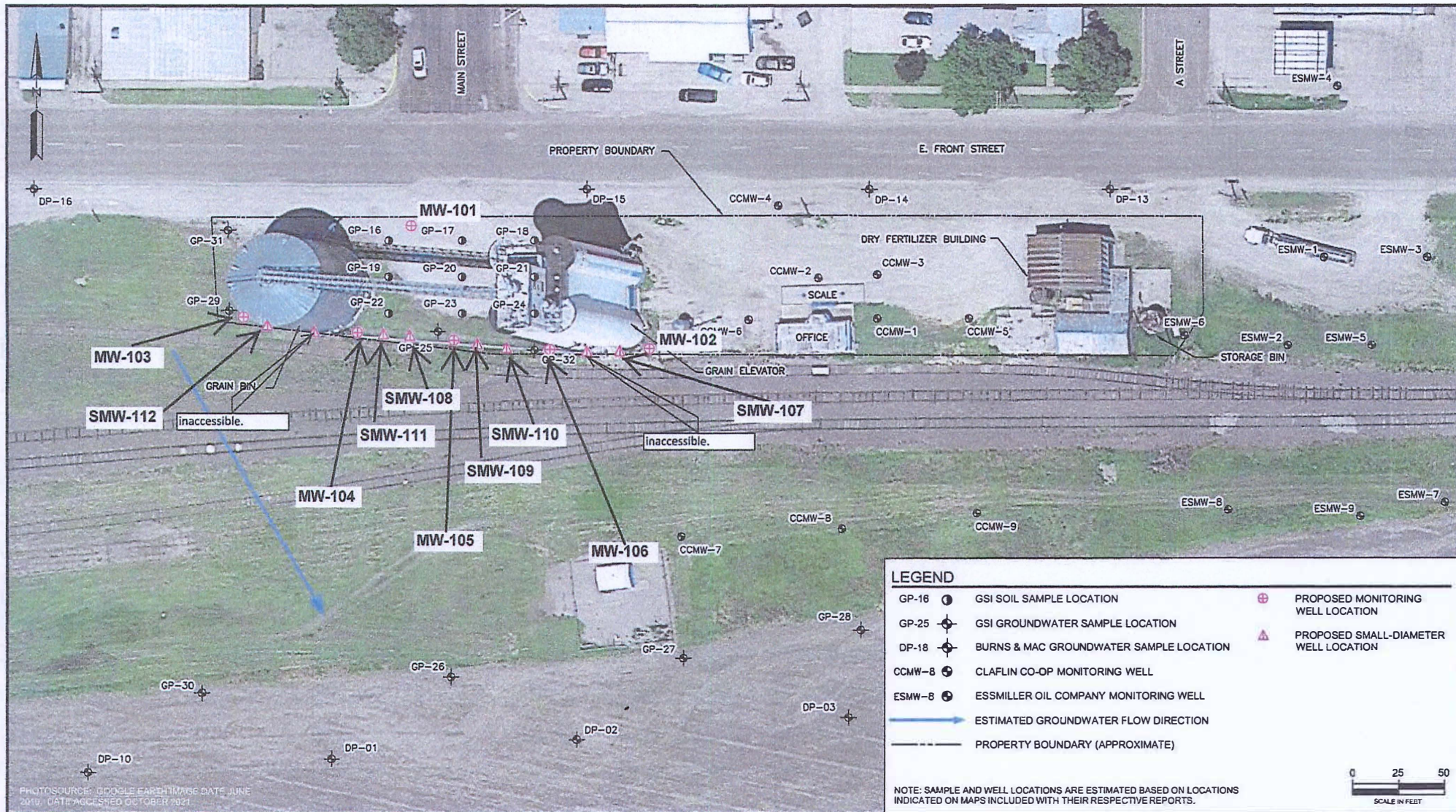
**Nearest source of possible contamination:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well

Other (Specify) **Undefined** .....  
 Direction from well? **Uncertain** ..... Distance from well? **Uncertain** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2.5	Sandy Loam topsoil, brown	27	32	Sandy Loam, brown
2.5	5	Silty Clay Loam, dark brown	32	45	Silty Clay, brown, loamy in part
5	10	Silty Clay, dark brown			
10	15	Silt Loam, brown,			
15	17	Loamy Sand, light brown			
17	22	Silty Clay, light brown, some caliche			
22	24	Loamy Sand, brown, some caliche	<b>Notes:</b>		
24	27	Silt Loam, brown			

**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) **5-5-2023** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **604** ..... This Water Well Record was completed on (mo-day-year) **5-29-23** ..... under the business name of **Environmental Priority Service, Inc.** Signature *[Signature]* .....



PHOTOSOURCE: GOOGLE EARTH IMAGE DATE JUNE 2019. DATE ACCESSED OCTOBER 2021



PROPOSED SAMPLE LOCATIONS MAP

ADM  
CLAFLIN FACILITY  
105 E. FRONT STREET  
CLAFLIN, KANSAS

DATE:	JUNE 2022
SCALE:	1"=50'
DRAWN BY:	ASR
APPROVED:	PA
FIGURE 4	