359 12249 TW-1-13

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Ellsworth | Fraction: 1/4 NE 1/4 SE 1/4 NE 1/4 | Section Number: 35 | Township No.: T 17 S | Range Number: R 8 E ☒ W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐

Approximately 1 mile north and 1 mile west of Geneseo.

Global Positioning System (GPS) information:

Latitude: 38.532323 (in decimal degrees)

Longitude: -98.164671 (in decimal degrees)

Elevation: Unknown

Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27

Collection Method:

☒ GPS unit (Make/Model: WAAS)

☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: City of Geneseo

RR#, Street Address, Box #: 600 Main

City, State, ZIP Code : Geneseo, KS 67444

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N / W / E / S; --NW-- --NE-- x --SW-- --SE--

|- - - - 1 mile - - - - |

4 DEPTH OF COMPLETED WELL 98 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 42.80 ft. below land surface measured on mo/day/yr 06/18/13

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 9 in. to 100 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well

☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☒ Other (Specify below)

☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Test Well

Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No

If yes, mo/day/yr sample was submitted _____

Water well disinfected? ☒ Yes ☐ No

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____

CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter 5 in. to 71 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 24 in., Weight 2.87 lbs./ft., Wall thickness or gauge No. 2.65

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 71 ft. to 96 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 22 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 22 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 Old City Well

☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well

Direction from well North Distance from well 45'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Topsoil	67	68	Clay, yellow
3	13	Clay, brown, gray	68	70	Clay, gray, red, yellow, sandstone streaks
13	37	Clay, brown, gray, white, caliche	70	71	Ironstone, hard
37	39	Clay, brown, white, sandstone streaks	71	96	Sandstone
39	49	Sandstone, soft	96	100	Clay, gray, red, yellow
49	51	Clay, gray			
51	54	Clay, gray, black, yellow			
54	63	Clay, gray, red			
63	66	Clay, gray, red, yellow			
66	67	Ironstone, hard			

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) 06/18/13 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) 06/20/13 under the business name of Clarke Well & Equipment, Inc. by (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.

KSA 82a-1212