

WATER WELL RECORD

Form WWC-5

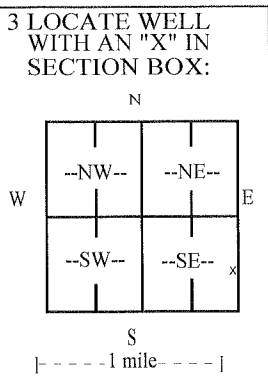
Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Barton	Fraction 1/4 NE 1/4 SE 1/4 SE 1/4	Section Number 12	Township No. T 18 S	Range Number R 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
 Approximately 1.5 miles south and 3 miles west of Claflin.

Global Positioning System (GPS) information:
 Latitude: 38.495967 (in decimal degrees)
 Longitude: -98.591548 (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: John & Bobbi Cuffe
 RR#, Street Address, Box #: 921 NE 100 Ave.
 City, State, ZIP Code : Claflin, KS 67525



4 DEPTH OF COMPLETED WELL 208 ft.
 Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL 35.50 ft. below land surface measured on mo/day/yr 10/07/14
 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 8 3/4 in. to 212 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
 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 Other (Specify) _____
 Casing diameter 5 in. to 72 ft., Diameter 5 in. to 132 ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 12 in., Weight 2.36 lbs./ft., Wall thickness or gauge No. .214
 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 72 ft. to 92 ft., From 132 ft. to 207 ft.
 GRAVEL PACK INTERVALS: From 23 ft. to 207 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From 3 ft. to 23 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
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
 Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	Sand, fine	145	180	Clay, gray, red, some sanstone
10	27	Clay, gray, sandy	180	187	Clay, gray, red, sandstone
27	55	Clay, brown, gray, caliche	187	195	Clay, gray, red
55	59	Clay, gray	195	196	Clay, gray, red, iron pyrite, hard
59	60	Broken limestone, sandstone	196	199	Clay, gray, red
60	65	Clay, yellow, limestone	199	210	Sandstone, gray, red clay streaks
65	95	Clay, gray, red, yellow, sandstone streak	210	212	Clay, gray
95	135	Clay, gray, red, yellow, occasional sandstone streaks			
135	145	Clay, gray, red, sandstone streaks			

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) 10/07/14 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) 10/10/14
 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>.