

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

20369

1 LOCATION OF WATER WELL: County: Rush Fraction 1/4 1/4 CN 1/4 SW 1/4 Section Number 24 Township No. T 18 S Range Number R 16 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 2 miles west of Albert.

Global Positioning System (GPS) information:
 Latitude: 38.471348 (in decimal degrees)
 Longitude: -99.046777 (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: Keith Brack
 RR#, Street Address, Box #: 3909 Hwy 96
 City, State, ZIP Code : Albert, KS 67511

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

N

| | |
|--------|--------|
| --NW-- | --NE-- |
| --SW-- | --SE-- |

S

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

4 DEPTH OF COMPLETED WELL 98 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL 24 ft. below land surface measured on mo/day/yr 08/07/15

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 24 in. to 98 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 16 in. to 62 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 12 in., Weight 19.75 lbs./ft., Wall thickness or gauge No. .616

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 62 ft. to 97 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 22 ft. to 98 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 2 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
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Old Irrigation Well
30'

Direction from well North Distance from well _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|----|--|------|----|--|
| 0 | 3 | Topsoil | | | |
| 3 | 7 | Clay, brown | | | |
| 7 | 33 | Clay, tan, gray | | | |
| 33 | 45 | Sand & gravel, fine to medium | | | |
| 45 | 51 | Sand & gravel, fine | | | |
| 51 | 58 | Clay, gray, with small gravel | | | |
| 58 | 74 | Sand & gravel, fine, clay streaks | | | |
| 74 | 87 | Sand & gravel, fine to coarse | | | |
| 87 | 97 | Sand & gravel, fine to coarse, clay streak | | | |
| 97 | 98 | Clay, gray | | | |

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) 08/07/15 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) 08/11/15 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>.