WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water Resources App. No. ____ Well ID GMW1003

1 LOCATION OF WATER WELL: County: McPherson | Fraction: SW ¼ NE ¼ NE ¼ NW ¼ | Section Number: 22 | Township Number: T 18 S | Range Number: R 3 ☐ E ☒ W

2 WELL OWNER: Last Name. First
Business: Kansas City District of the United States Army Corps
Address:
Address:
City: State: ZIP.

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: ☐
2038 15th Ave
McPherson KS 67460

3 LOCATE WELL WITH "X" IN SECTION BOX:

N
NW | NE
W | E
SW | SE
S
|---------1 mile---------|

4 DEPTH OF COMPLETED WELL: 65.3 ft.
Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft.. or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 41.89 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: .....6..... in. to ..66..... ft. and ..... in. to ..... ft.

5 Latitude: 38° 28' 37.84 (decimal degrees)
Longitude: 97° 38' 30.05 (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: .....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 .....
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 ☐ Other ..... CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded
Casing diameter .....2..... in. to ....6.6..... ft.. Diameter ..... in. to ..... ft.. Diameter ..... in. to ..... ft.
Casing height above land surface ..... 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 ...55..... ft. to ..65..... ft.. From ..... ft. to ..... ft.. From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From ..66..... ft. to ..52..... ft.. From ..... ft. to ..... ft.. From ..... ft. to ..... ft.

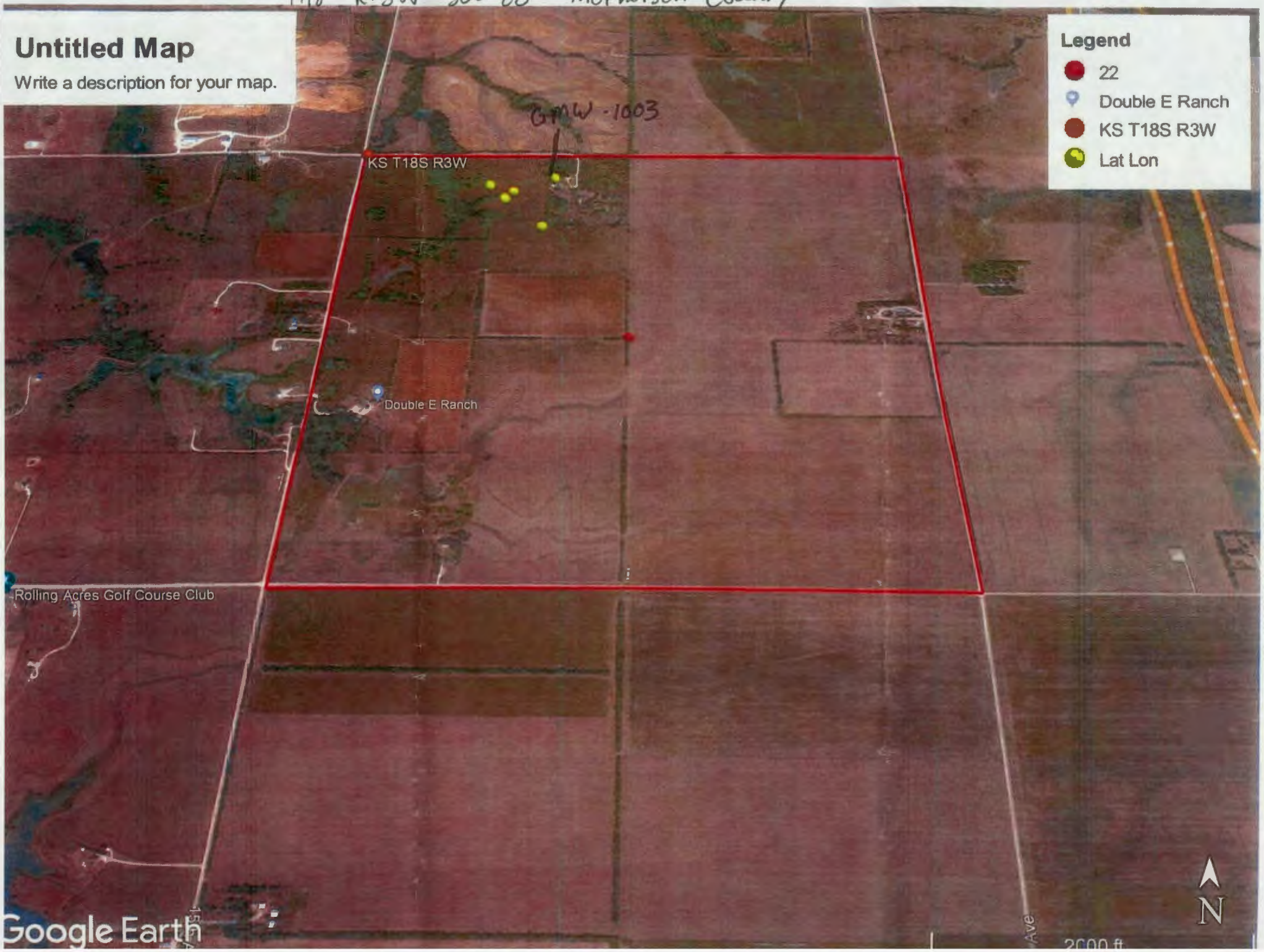
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other .....
Grout Intervals: From .....0..... ft. to ..44..... ft.. From ....44..... ft. to ....52..... ft.. From ..... ft. to ..... ft.
Nearest source of possible contamination: BDA
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ 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
0	66	clay Brown / Red clay Silts			

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) ..3-28-73..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...597..... This Water Well Record was completed on (mo-day-year) ..3-28-73..... under the business name of ....Cascade Drilling LP..... 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.gov/waterwell/index.html KSA 82a-1212 **Revised 7/10/2015**

T.18 R.3W Sec. 22 McPherson County