		ECORD Form WWC-5 Correction Change in Well Use		Division of Water Resources App. No.				Well ID	Dewatering		
1 LOCATION OF WATER WELL:							n Number	Township Numb	ownship Number Range Number		
County: Barton SE ¼ NW ¼ SE ¼ SW ¼ 29 T 19 S R 13									13 □ E 🖾 W		
2 WELL OWNER: Last Name: First: 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: 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: Address: City: Great Bend State: KS ZIP: 67530											
3 LOCATE WELL										,, , , , , , , , , , , , , , , , , , ,	
WITH "	N BOX:	Depth(s) Gi	ft.	IL. 5	5 Latitude: 38.364424 (decimal degrees) Longitude: -98.786203 (decimal degrees) Horizontal Datum. ☐ WGS 84 ☐ NAD 83 ☒ NAD 27						
[N	2) ft. 3) ft., or 4) Dry WELL'S STATIC WATER LEVEL: 10						or Latitude/Longitude:			
NW	NE		below land surface, measured on (mo-day-yr) (above land surface, measured on (mo-day-yr)				□ GPS (unit make/model:				
w T		E Pump test data: Well water was not checked ft. after hours pumping gpm									
					Online Mapper:						
SW-	1 52 1	after	Well water was ft. after hours pumping gpm Estimated Yield: gpm								
	لـــــــــــــــــــــــــــــــــــــ	Estimated Y					6 Elevation: Unknown ft. Ground Level TOC Source: Land Survey GPS Topographic Map				
1	S mile	Bore Hole I	Bore Hole Diameter: 13 in. to 40 in. to			ı		Other			
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID						10. Oil Field Water Supply					
☐ House	hold & Garden		 6. Dewatering: how many wells? 1 7. Aquifer Recharge: well ID 					e: well ID Uncased Geotechnical			
Livest		8.	8. Monitoring: well ID			12. Geothermal: how m					
	2. Irrigation 9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical					
3. Feedlo 4. Indust			☐ Air Sparge ☐ Soil Vapor Extr☐ Recovery ☐ Injection				b) Open 1	Loop Surface Di (specify):	Discharge Inj. of water		
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 N PVC CASING JOINTS: Glued Clamped Welded Threaded Other											
Casing diameter 8 in. to 15 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 24 in. Weight 6.86 lbs./ft. Wall thickness or gauge No332											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☑ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
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 15 ft. to 35 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 14 ft. to 40 ft., From ft. to ft. From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From 0 ft. to 14 ft., From ft. to ft., From ft. to ft. Nearest source of possible contamination:											
Septic	_		on: Lateral Lines	☐ Pit Privy	г	٦ Live	estock Pens	☐ Insectic	ide Storage		
Sewer		<u> </u>	Cess Pool	Sewage Lago	on [Fuel	Storage	Abando	•	Vell	
Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well Other (Specify) None Known											
Other (Specify) None Known Direction from well? Distance from well? ft.											
10 FROM	ТО	I	ITHOLOGIC	CLOG	FROM			HO. LOG (cont.) or	PLUGGII	NG INTERVALS	
0	3	Topsoil									
11		Clay, brown with	gravel and con-	Logarse to fine							
19		Clay, brown, with gravel and sand, coarse to fine Sand & gravel, coarse to fine				-					
35	40	Clay, tan						5	7.2		
			***************************************		Notes: G	routin	ng modified d	ue to shallow ground	dwater		
11 CONT	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 🛮 constructed, 🗆 reconstructed, or 🗀 plugged										
under my j	urisdiction	and was compl	leted on (mo-	day-year) 07-30-19	anc	d this 1	record is true	to the best of my kn	owledge an	nd belief.	
under the b	Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo-day-year) 08-01-19 under the business name of Clarke Well & Equipment, Inc. 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,										
Mail	1 white copy a	long with a fee of	\$5.00 for each o	constructed well to: Kan	sas Departme	nt of H	lealth and Envi	ronment, Bureau of W			
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.izov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											