

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

| | | | | |
|--|---|-----------------------------|-------------------------------|---|
| 1 LOCATION OF WATER WELL: County: McPherson | Fraction 1/4 NE 1/4 SE 1/4 SE 1/4 | Section Number 15 | Township No. T 19 S | Range Number R 2 <input type="checkbox"/> E <input checked="" type="checkbox"/> 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 0.5 miles east of Galva.

Global Positioning System (GPS) information:
 Latitude: **38.394826** (in decimal degrees)
 Longitude: **-97.521493** (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: KCC District #2 Field Office
 RR#, Street Address, Box #: **3450 N Rock Rd. - Suite 601**
 City, State, ZIP Code : **Wichita, KS 67226**

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

| | | | |
|--------|--------|--|--|
| N | | | |
| --NW-- | --NE-- | | |
| | | | |
| --SW-- | --SE-- | | |
| S | | | |

+-----1 mile-----+

4 DEPTH OF COMPLETED WELL **75** ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL **19.90** ft. below land surface measured on mo/day/yr **08/04/14**

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 **5** in. to **76** 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 _____ Flush Mount Construction

CASING JOINTS: Glued Clamped Welded Threaded Other (Specify) _____
 Casing diameter **2** in. to **62** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **36** in., Weight **.70** lbs./ft., Wall thickness or gauge No. **.154**

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 **72** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **59** ft. to **72** 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 **59** 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 **None Known**
 Direction from well _____ Distance from well _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|----|---------------------------------|------|----|--|
| 0 | 4 | Topsoil | 47 | 73 | Sand, gravel, fine to medium |
| 4 | 10 | Clay, gray | 73 | 76 | Shale, gray, green |
| 10 | 15 | Clay, white, caliche | | | |
| 15 | 16 | Clay, rusty brown | | | |
| 16 | 18 | Clay, white, brown | | | |
| 18 | 20 | Sand, fine to coarse | | | |
| 20 | 26 | Clay, gray, sand streaks | | | |
| 26 | 38 | Sand, fine to coarse | | | |
| 38 | 44 | Clay, gray, brown, sand streaks | | | |
| 44 | 47 | 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) **08/04/14** 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) **08/13/14**
 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>.