

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID Well #3

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: McPherson

Fraction NE 1/4 NW 1/4 NW 1/4 SW 1/4

Section Number 22

Township Number T 19 S

Range Number R 2 E W

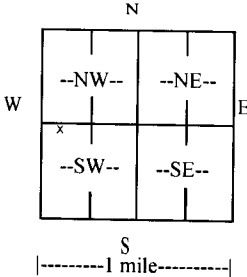
2 WELL OWNER: Last Name:

Business: City of Galva
Address: P.O. Box 223
Address:
City: Galva

First:
State: KS ZIP: 67443

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:
Located in well house at SW corner of 1st & Empire in Galva.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL:

Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: 14.51 ft.
 below land surface, measured on (mo-day-yr) 02-04-20
 above land surface, measured on (mo-day-yr)
 Pump test data: Well water was not checked ft.
 after _____ hours pumping _____ gpm
 Well water was _____ ft.
 after _____ hours pumping _____ gpm
 Estimated Yield: _____ gpm
 Bore Hole Diameter: _____ in. to _____ ft. and _____ in. to _____ ft.

5 Latitude: 38.383522 (decimal degrees)
 Longitude: -97.535925 (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: Unknown 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 #3
- 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?

Water well disinfected? Yes No If yes, date sample was submitted:

8 TYPE OF CASING USED:

Casing diameter 8 in. to 29 ft., Diameter 8.69 in. Weight _____ lbs./ft. Wall thickness or gauge No. .508
 Casing height above land surface _____ ft., Diameter _____ in. to _____ ft.
 CASING JOINTS: Glued Clamped Welded Threaded Other

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 _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 1.5 ft. to 22.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL:

Neat cement Cement grout Bentonite Other
 Grout Intervals: From 1.50 ft. to 22.50 ft., From 22.50 ft. to 29 ft., From _____ ft. to _____ ft.

Nearest source of possible contamination:

- 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? West Distance from well? 5 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
		Installed 8" liner in 12" casing			

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) 02-04-2020 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) 02-06-2020
 under the business name of Clarke Well & Equipment, Inc. 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.