

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

26318

1 LOCATION OF WATER WELL: County: Stafford		Fraction 1/4 1/4 NC 1/4 NE 1/4	Section Number 23	Township No. T 21 S	Range Number R 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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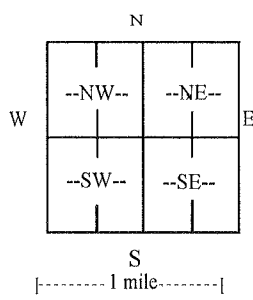
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
 Approximately 2 miles west and 2 3/4 miles north of Seward.

Global Positioning System (GPS) information:

Latitude: **38.214136** (in decimal degrees)
 Longitude: **-98.82586** (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: John Keenan
 RR#, Street Address, Box #: **1615 NW 60th Ave**
 City, State, ZIP Code : **St John, KS 67576**

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



4 DEPTH OF COMPLETED WELL

130 ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL **24.25** ft. below land surface measured on mo/day/yr **05/10/11**
 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 **130** 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
 Casing diameter **16** in. to **68** ft., Diameter **16** in. to **108** ft., Diameter..... in. to..... ft.
 Casing height above land surface **24** 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 **68** ft. to **88 (PVC)** ft., From **108** ft. to **128 (PVC)** ft.
 From **88** ft. to **98 (SS)** ft., From..... ft. to..... ft.
 GRAVEL PACK INTERVALS: From **23** ft. to **130** 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..... ft. to..... ft., From **3** ft. to **23** 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	5	Topsoil, sandy	86	88	Clay, sandy, gray
5	13	Sand, clay, brown	88	92	Sand & gravel, fine - medium
13	32	Sand & gravel, fine	92	98	Gravel, fine - medium
32	37	Sand, fine	98	105	Clay, sandy, gray, soft
37	40	Clay, sandy, yellow, soft	105	130	Gravel, fine - medium, clean
40	47	Gravel, fine			
47	55	Sand & gravel, fine			
55	64	Gravel, medium, clay streak @ 57', yellow			
64	86	Gravel, fine - medium, clean			

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) **05/10/11** 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) **05/12/11**
 under the business name of **Clarke Well & Equipment, Inc.** by (signature) *[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>.