

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: Pawnee

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

Section Number 33

Township Number T 21 S

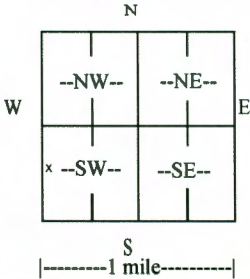
Range Number R 18 E W

2 WELL OWNER: Last Name: Finger First: Greg

Business: Address: PO Box 182 Address: City: Garfield State: KS ZIP: 67529

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: Approximately 100' south of Sanford Coop on east side of Hwy 183.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 126 ft.

Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: _____ 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: _____ in. to _____ ft. and _____ in. to _____ ft.

5 Latitude: 38.179017 (decimal degrees)

Longitude: -99.313498 (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 _____
- 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 CASING JOINTS: Glued Clamped Welded Threaded Other

Casing diameter 12 in. to 86 ft., Diameter in. to _____ ft., Diameter in. to _____ ft.

Casing height above land surface 12 in. Weight 12.75 lbs./ft. Wall thickness or gauge No. .490

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 86 ft. to 126 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 126 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL:

Neat cement Cement grout Bentonite Other

Grout Intervals: From 0 ft. to 20 ft., From _____ ft. to _____ 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) None Known

Direction from well? _____ Distance from well? _____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
		Installed 12" PVC Liner in 16" Steel 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) 08-17-2021 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) 08-31-2021

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.