

39 8218 RWD 10-06 Shallow WATER WELL RECORD		Form WWC-5	Division of Water Resources; App. No. 																	
1 LOCATION OF WATER WELL: County: <u>Harvey</u>		Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>36</u>	Township Number <u>T 22 S</u>	Range Number <u>R 2 E</u> W															
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 2 miles south and 4 miles west of Hesston</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>unknown</u> Longitude: <u>unknown</u> Elevation: <u>unknown</u> Datum: <u>N/A</u> Data Collection Method: <u>N/A</u>																		
2 WATER WELL OWNER: <u>Harvey County RWD #1</u> RR#, St. Address, Box # : <u>107 N. Walnut</u> City, State, ZIP Code : <u>P.O. Box 124</u> <u>Peabody, KS 66866</u>																				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100px; height: 100px; text-align: center; margin: 10px auto;"><tr><td>X</td><td></td><td></td></tr><tr><td>--NW--</td><td>--NE--</td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td>--SW--</td><td>--SE--</td><td></td></tr><tr><td></td><td></td><td></td></tr></table> W E S	X			--NW--	--NE--					--SW--	--SE--					4 DEPTH OF COMPLETED WELL <u>50</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>not checked</u> ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was <u>not checked</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) _____ 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well <u>Observation Well</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/ys _____ Sample was submitted _____ Water well disinfected? Yes _____ No <input checked="" type="checkbox"/>				
	X																			
	--NW--	--NE--																		
--SW--	--SE--																			
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ <input checked="" type="radio"/> Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ <input checked="" type="radio"/> PVC 4 ABS 7 Fiberglass _____ Threaded <input checked="" type="checkbox"/> Blank casing diameter <u>2</u> in. to <u>7 (steel)</u> ft., Diameter <u>2</u> in. to <u>37 (PVC)</u> ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>36</u> in., weight <u>70-PVC, 3.65-steel</u> lbs./ft. Wall thickness or gauge No. <u>154 (both)</u>																				
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="radio"/> PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)																				
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="radio"/> Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____																				
SCREEN-PERFORATED INTERVALS: From <u>37</u> ft. to <u>47</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>29</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																				
6 GROUT MATERIAL: <input checked="" type="radio"/> Neat Cement 2 Cement grout 3 Bentonite 4 Other _____ <u>Bentonite Holeplug</u> Grout Intervals: From <u>0</u> ft. to <u>26</u> ft., From _____ ft. to _____ ft., From <u>26</u> ft. to <u>29</u> ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) _____ 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <u>None known</u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well _____ Direction from well? _____ How many feet? _____																				
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS															
0	4	Topsoil																		
4	9	Clay, brown, hard																		
9	21	Clay, brown, sandy, soft																		
21	24	Cemented sand, hard																		
24	39	Sand, coarse to fine, loose and clean, with clay streaks, brown																		
39	47	Sand, coarse to fine, loose and clean																		
47	50	Clay, brown, hard																		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-18-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/year) <u>6-2-06</u> Under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</u> INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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 to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.																				