

278 9669
WATER WELL RECORD**Form WWC-5**Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Stafford		Fraction NE 1/4 NE 1/4 NE 1/4	Section Number 7	Township Number T 24 S	Range Number R 13 E W																
Distance and direction from nearest town or city street address of well if located within city? Approximately 215' west and 60' south of the intersection of NW 20th Ave and NW 20th Street near St. John			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 37.984998 Longitude: -98.785388 Elevation: Unknown Datum: NAD83 Data Collection Method: WAAS GPS Unit																		
2 WATER WELL OWNER: Kent Rixon RR#, St. Address, Box # : Route 1 - Box 16A City, State, ZIP Code : St. John, KS 67576																					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td></td><td></td><td></td><td>X</td></tr><tr><td>--NW--</td><td></td><td>--NE--</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>--SW--</td><td></td><td>--SE--</td><td></td></tr></table> W E S					X	--NW--		--NE--						--SW--		--SE--		4 DEPTH OF COMPLETED WELL 79 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 24.15 ft. below land surface measured on 03-26-09 Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm Est. Yield Unknown 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) Treatment Well 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 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 ☒			
			X																		
--NW--		--NE--																			
--SW--		--SE--																			
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ 2 PVC 4 ABS 7 Fiberglass Blank casing diameter 5 in. to 37 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 24 in., weight 2.36 lbs./ft. Wall thickness or gauge No. 214		CASING JOINTS: Glued ☒ Clamped _____ Welded _____ Threaded _____																			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 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 3 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 37 ft. to 47 ft., From _____ ft. to _____ ft. From 47 ft. to 77 ft., From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From 20 ft. to 80 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																			
6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 20 ft., From _____ ft. to _____ 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) None known 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 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	3	Topsoil	76	80	Clay, tan, hard																
3	7	Clay, brown																			
7	9	Sand, fine																			
9	35	Sand and gravel, medium to fine																			
35	35.5	Clay, brown																			
35.5	41	Sand and gravel, medium to fine																			
41	45	Sand and gravel, fine																			
45	55	Sand and gravel, medium to fine																			
55	57	Sand and gravel, with clay																			
57	71	Sand and gravel, medium to fine																			
71	76	Sand and gravel, coarse to fine																			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 03-26-09 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) 03-27-09 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, 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.																					