

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No. Well ID Stock

1 LOCATION OF WATER WELL: Fraction NE 1/4 SE 1/4 SW 1/4 SW 1/4 Section Number 12 Township Number T 24 S Range Number R 14 E W

2 WELL OWNER: Last Name: Bartlett First: Vernon
Business Address: 584 NW 30th St. City: St. John State: KS ZIP: 67576
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 2 miles south and 3 miles west of St. John.

3 LOCATE WELL WITH "X" IN SECTION BOX:

N			
--NW--	--NE--		
--SW--	--SE--		
S			

W E

-----1 mile-----

4 DEPTH OF COMPLETED WELL: 42 ft.
Depth(s) Groundwater Encountered: 1) _____ ft.
2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 9.10 ft.
 below land surface, measured on (mo-day-yr) 11-02-18
 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: 9 in. to 53 ft. and _____ in. to _____ ft.

5 Latitude: 37.972247 (decimal degrees)
Longitude: -98.817186 (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: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID <input type="checkbox"/> Dewatering: how many wells? <input type="checkbox"/> Aquifer Recharge: well ID <input type="checkbox"/> Monitoring: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease
2. <input type="checkbox"/> Irrigation	9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
3. <input type="checkbox"/> Feedlot		12. Geothermal: how many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
4. <input type="checkbox"/> Industrial		13. <input type="checkbox"/> 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 5 in. to 20 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. .215
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 20 ft. to 40 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 18 ft. to 53 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
Grout Intervals: From 0 ft. to 18 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
0	4	Topsoil			
4	17	Clay, brown			
17	38	Sand & gravel, medium to fine			
38	43	Clay, tan, brown			
43	46	Clay, tan, white			
46	52	Clay, red, brown			
52	53	Rusty brown, sandstone			

Notes: Grouting modified due to shallow groundwater

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) 11-02-18 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) 11-06-18
under the business name of Clarke Well & Equipment, Inc. Signature _____