

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID Stock

Original Record Correction Change in Well Use

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|--|---------------------------------|---------------------|---------------------------|---|
| 1 LOCATION OF WATER WELL: County: Stafford | Fraction NE ¼ NE ¼ NW ¼ SE ¼ | Section Number 3 | Township Number T 24 S | Range Number R 15 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
|--|---------------------------------|---------------------|---------------------------|---|

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| 2 WELL OWNER: Last Name: Cornwell First: Joe Business: _____ Address: 383 NW 30th Ave. Address: _____ 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: <input type="checkbox"/> Approximately 2.5 miles north and 0.5 miles east of Macksville. |
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| 3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;"> </div> | 4 DEPTH OF COMPLETED WELL: 88 ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 27.40 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 09-13-19 <input type="checkbox"/> 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 90 ft. and _____ in. to _____ ft. | 5 Latitude: 37.993056 (decimal degrees) Longitude: -98.953944 (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input checked="" type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____ |
| 6 Elevation: Unknown ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other | | |

7 WELL WATER TO BE USED AS:

| | | |
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| 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID 6. <input type="checkbox"/> Dewatering: how many wells? _____ 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ 8. <input type="checkbox"/> Monitoring: well ID _____ 9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 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 13. <input type="checkbox"/> Other (specify): _____ |
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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 76 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

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 76 ft. to 86 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 90 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 |
|---------|----|--|------|----|--|
| 0 | 3 | Topsoil | | | |
| 3 | 6 | Gray clay | | | |
| 6 | 61 | Clay, brown, sandy | | | |
| 61 | 69 | Sand, coarse to fine, with fine gravel | | | |
| 69 | 76 | Clay, tan | | | |
| 76 | 90 | Gravel, fine, with sand, coarse to fine, clay streaks, tan | | | |

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) 09-13-19 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) 09-17-19
 under the business name of Clarke Well & Equipment, Inc. Signature *[Signature]*