

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

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Well ID **OB-3-19**

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:
County: **Reno** Fraction **SE 1/4 NW 1/4 NE 1/4 NW 1/4** Section Number **9** Township Number **T 26 S** Range Number **R 10** E W

2 WELL OWNER: Last Name: **City of Turon** First: **Turon** Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): **Located southeast of the intersection of E. Price St. and S. Dunkin St. in Turon by the baseball field.**
Business: **City of Turon** Address: **P.O. Box 366** City: **Turon** State: **KS** ZIP: **67583**

3 LOCATE WELL WITH "X" IN SECTION BOX:

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

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

4 DEPTH OF COMPLETED WELL: 45 ft.
Depth(s) Groundwater Encountered: 1) _____ ft.
2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 12.06 ft.
 below land surface, measured on (mo-day-yr) **06-04-19**
 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: **5** in. to **45** ft. and _____ in. to _____ ft.

5 Latitude: 37.804228 (decimal degrees)
Longitude: -98.422362 (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. <input type="checkbox"/> Domestic <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input 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 checked="" type="checkbox"/> Other (specify): Observation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|----------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

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 **2** in. to **39** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface **24** in. Weight **.73** 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 **39** ft. to **43** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **37** ft. to **45** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
Grout Intervals: From **0** ft. to **37** 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 | 8 | Clay, brown | | | |
| 8 | 11 | Sand | | | |
| 11 | 27 | Sand & gravel, medium to fine, with coarse to fine sand | | | |
| 27 | 28 | Clay, tan | | | |
| 28 | 43 | Sand & gravel, medium to fine, with coarse to fine sand | | | |
| 43 | 45 | Clay, white | | | |

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) **06-04-19** 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) **06-07-19**
under the business name of **Clarke Well & Equipment, Inc.** Signature _____