

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID **OB-5-19**

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: **Reno**

Fraction **NE 1/4 SW 1/4 SE 1/4 SE 1/4**

Section Number **5**

Township Number **T 26 S**

Range Number **R 10** E W

2 WELL OWNER: Last Name: _____ First: _____

Business: **City of Turon**

Address: **P.O. Box 366**

Address: _____

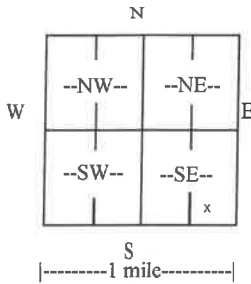
City: **Turon**

State: **KS**

ZIP: **67583**

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:
Located northwest of grain elevator on west side of Turon.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: _____ ft.

Depth(s) Groundwater Encountered: 1) _____ ft.

2) _____ ft. 3) _____ ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: **14.30** ft.

below land surface, measured on (mo-day-yr) **11-04-19**

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: **37.806942** (decimal degrees)

Longitude: **-98.431872** (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: Household Lawn & Garden Livestock
- 2. Irrigation
- 3. Feedlot
- 4. Industrial

- 5. Public Water Supply: well ID _____
- 6. Dewatering: how many wells? _____
- 7. Aquifer Recharge: well ID _____
- 8. Monitoring: well ID _____
- 9. Environmental Remediation: well ID _____
 - Air Sparge Soil Vapor Extraction
 - Recovery Injection

- 10. Oil Field Water Supply: lease _____
- 11. Test Hole: well ID _____
 - Cased Uncased Geotechnical
- 12. Geothermal: how many bores? _____
 - a) Closed Loop Horizontal Vertical
 - b) Open Loop Surface Discharge Inj. of Water
- 13. 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 **30** 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 **30** ft. to **40** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **25** 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 **25** 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	5	Topsoil			
5	12	Sand & gravel, fine to medium			
12	18	Clay, tan & white			
18	40	Sand, very fine to coarse, with fine to medium gravel			
40	45	Clay, tanish gray			

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) **11-04-19** 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) **11-08-19**

under the business name of **Clarke Well & Equipment, Inc.**

Signature *[Signature]*

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.