

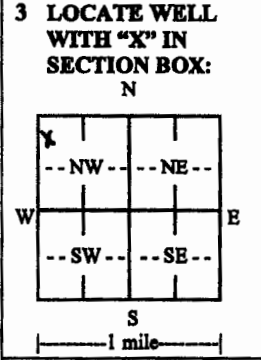
**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.  Well ID

**1 LOCATION OF WATER WELL:**  
 County:   Kiowa   Fraction   1/4 NW 1/4 NW 1/4 SW 1/4   Section Number   8   Township Number   T 28 S   Range Number   R 16    E  W

**2 WELL OWNER:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
 Business:   Barclay College    
 Address:   607 N. Kingman    
 Address:   607 N. Kingman    
 City:   Haviland   State:   KS   ZIP:   67059    
 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:   
  IN HAVILAND INTERSECTION OF ELM ST & N. MAIN ST ON THE NORTH SIDE OF BARCLAY WELL LOCATION  



**4 DEPTH OF COMPLETED WELL:**   180   ft.  
 Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well  
 WELL'S STATIC WATER LEVEL:   111   ft.  
 below land surface, measured on (mo-day-yr).....  
 above land surface, measured on (mo-day-yr)   11-15-17    
 Pump test data: Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Estimated Yield: ..... gpm  
 Bore Hole Diameter:   1.575   in. to   1.85   ft. and  
 ..... in. to ..... ft.

**5 Latitude:** ..... (decimal degrees)  
**Longitude:** ..... (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:** ..... 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): .....

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  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter   5   in. to   1.60   ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface   24   in. Weight   300.20   lbs./ft. Wall thickness or gauge No. ....

**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   1.60   ft. to   1.80   ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From   1.80   ft. to   25   ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From   25   ft. to   0   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) .....  
 Direction from well?   999   Distance from well?   999   ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	BRN Sandy TOP Soil	105	115	Sandy BRN clay
10	25	BRN clay	115	125	Coarse & med sand
25	35	Very fine TAN sand	125	135	Fine sand
35	50	BRN clay	135	145	Coarse Rock & gravel
50	70	Very fine sand	145	170	Very fine sand
70	80	BRN Sandy clay	170	175	Coarse sand & gravel
80	90	Fine TAN sand	Notes: 175-185 BRN clay		
90	95	Coarse sand & gravel			
95	105	Med sand gravel			

**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)   11-15-17   and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.   612   This Water Well Record was completed on (mo-day-year)   13-12-17   under the business name of   Crawford's Water Well Serv.   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, GWIS 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.