

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID **MW-15-17**

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction SE ¼ SE ¼ NE ¼ SE ¼	Section Number 30	Township Number T 28 S	Range Number R 4 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: Bolinger First: Van Business: _____ Address: 6121 S. 391st St. Address: _____ City: Cheney State: KS ZIP: 67025	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 checked="" type="checkbox"/>
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3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF COMPLETED WELL: 25 ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 18.44 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 10/10/17 <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: 8 3/4 in. to 28 ft. and _____ in. to _____ ft.	5 Latitude: 37.579871 (decimal degrees) Longitude: -97.79003 (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 _____
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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 checked="" type="checkbox"/> Monitoring: well ID MW-15-17 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 4 1/2 in. to 10 ft., Diameter in. to _____ ft., Diameter in. to _____ ft.
 Casing height above land surface 0 in. Weight 2.07 lbs./ft. Wall thickness or gauge No. .237

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 10 ft. to 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 8 ft. to 28 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From 0 ft. to 1 ft., From 1 ft. to 8 ft., From _____ ft. to _____ ft.

Nearest source of possible contamination:

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well

Other (Specify) MW-9-17
 Direction from well? East Distance from well? 60 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Topsoil			
1	28	Shale, red, green			

Notes: Flush Mount Construction
 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) 10/10/17 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) 10/16/17
 under the business name of Clarke Well & Equipment, Inc. Signature _____