

75 **WATER WELL RECORD Form WWC-5**
 Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID **TW-5-18**

1 LOCATION OF WATER WELL:

County: Sedgwick

Fraction NW ¼ SW ¼ NE ¼ NE ¼

Section Number 13

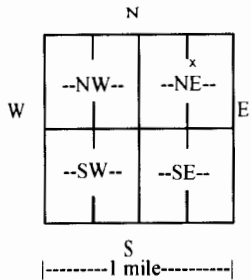
Township Number T 29 S

Range Number R 1 E W

2 WELL OWNER: Last Name: John Dugan Family
 Business: John Dugan Family
 Address: 15810 W. 47th South
 Address:
 City: Clearwater State: KS ZIP: 67026

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:
 Approximately 2 miles south and 2 miles west of Haysville.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 76 ft.
 Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 29.82 ft.
 below land surface, measured on (mo-day-yr) 08-30-18
 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 78 ft. and
 in. to _____ ft.

5 Latitude: 37.532993 (decimal degrees)
Longitude: -97.374221 (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 | 5. <input type="checkbox"/> Public Water Supply: well ID | 10. <input type="checkbox"/> Oil Field Water Supply: lease |
| 2. <input type="checkbox"/> Irrigation | 6. <input type="checkbox"/> Dewatering: how many wells? | 11. Test Hole: well ID
<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 3. <input type="checkbox"/> Feedlot | 7. <input type="checkbox"/> Aquifer Recharge: well ID | 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 |
| 4. <input type="checkbox"/> Industrial | 8. <input type="checkbox"/> Monitoring: well ID | 13. <input checked="" type="checkbox"/> Other (specify): Test Well |
| | 9. Environmental Remediation: well ID
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction
<input type="checkbox"/> Recovery <input type="checkbox"/> Injection | |

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 49 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. .215

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 49 ft. to 74 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 78 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	4	Topsoil			
4	9	Clay, gray			
9	15	Clay, gray, rusty			
15	29	Sand, fine to coarse, with fine to coarse gravel			
29	30	Clay, brown			
30	40	Sand, fine to coarse			
40	74	Sand, fine to coarse, with fine to coarse gravel			
74	78	Shale, black			

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) 08-30-18 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) 09-05-18
 under the business name of Clarke Well & Equipment, Inc. 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.