

119 **WATER WELL RECORD Form WWC-5**

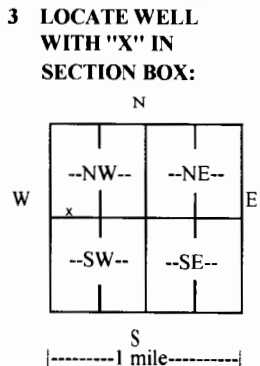
Division of Water Resources App. No.

Well ID Supply Well

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Barber Fraction SE ¼ SW ¼ SW ¼ NW ¼ Section Number 12 Township Number T 30 S Range Number R 12 E W

2 WELL OWNER: Last Name: Boyd First: Calvin 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 1 mile south and 2 miles west of Isabel.
 Business: Address: 3501 NW Park Address: City: Medicine Lodge State: KS ZIP: 67104



4 DEPTH OF COMPLETED WELL: 175 ft.
 Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: 66.10 ft.
 below land surface, measured on (mo-day-yr) 09-03-19
 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: 9 in. to 175 ft. and _____ in. to _____ ft.

5 Latitude: 37.44983 (decimal degrees)
Longitude: -98.589933 (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): Supply Well
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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 5 in. to 113 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. .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 113 ft. to 173 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 22 ft. to 175 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From 0 ft. to 22 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	3	Topsoil	95	104	Clay, brown, sand streaks, caliche, cemented sand streaks
3	6	Clay, gray	104	126	Clay, tan, sandy, caliche and cemented sand
6	15	Sand & gravel, medium to fine	126	160	Sand, very fine to coarse, with gravel, fine and tan clay
15	17	Clay, tan			streaks, cemented sand
17	33	Sand & gravel, medium to fine to coarse	160	171	Sand, coarse to fine, with gravel, medium to fine
33	46	Clay, tan & brown, with caliche	171	175	Shale, red
46	57	Sand, very fine to coarse, with gravel, medium to fine	Notes:		
57	92	Gravel, coarse to fine, sand, fine to coarse, clay streaks			
92	95	Clay, tan			

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) 09-03-19 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) 09-09-19
 under the business name of Clarke Well & Equipment, Inc. Signature _____