| WATER WELL RECORD   | Form WWC   | C-5                | Divis  | sion of Water    | r Resources App. N   | (o, L  |
|---|--|--------------------|--|------------------|--|--|
| 1 LOCATION OF WATER WELL:   | Fraction   | em 17              | Section  |                  |  | Range Number   |
| County: Meade 1/4 MV/4 SW 1/4 |  |                    | Global Positioning System (GPS) information:   |                  |  |  |
| Street/Rural Address of Well Location; if unknown, distance & direction   |  |                    | Latitude: (in decimal degrees)   |                  |  |  |
| from nearest town or intersection: If at owner's address, check here  |  |                    | Longitude:   |                  |  |  |
|   |  |                    | Elevation:   |                  |  |  |
|   |  |                    | Datum: WGS 84, NAD 83, NAD 27  |                  |  |  |
| 2 WATER WELL OWNER: Doug Mc Claren  |  |                    | Collection Method:   |                  |  |  |
| 2 WATER WELL OWNER: Doug McClaren<br>RR#, Street Address, Box #: 23106 C. Rd.   |  |                    | GPS unit (Make/Model:)   |                  |  |  |
| City, State, ZIP Code :   |  |                    | Digital Map/Photo, Topographic Map, Land Survey  |                  |  |  |
| Fow   | er, Ks. 67844  | 0.                 | Est. Acc   | curacy: 🔲 <      | <3 m, □ 3-5 m, □   | ] 5-15 m,  |
| 3 LOCATE WELL   |  | ر <sup>يا</sup> وم | Special Contract Cont |                  |  |  |
| A DEPTH OF COMPLETED WELL.  |  |                    |  |                  |  |  |
| SECTION BOX: Denth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. (3)   |  |                    |  |                  |  |  |
| N WELL'S STATIC WATER LEVEL   |  |                    |  |                  |  |  |
| Pump test data: Well water wasft. after hours pumping gpn   |  |                    |  |                  |  |  |
| EST. YIELD  | gpm. Well water w  | as                 | ft. 8  | after            | hours pur  | nping gpm  |
| W Bore Hole Diameter 7.18 in. to  |  |                    |  |                  |  |  |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well   |  |                    |  |                  |  |  |
|   |  |                    |  |                  |  |  |
|   |  |                    |  |                  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No   |  |                    |  |                  |  |  |
| s If yes, mo/day/yr sample was submitted  |  |                    |  |                  |  |  |
|   | nfected? 🔀 Yes 🗌 No  |                    |  |                  |  |  |
| TOWNS OF CHOMOLOGE STATE  | 1 DO DVC D Oth   |                    |  |                  |  |  |
| 5 TYPE OF CASING USED: Steel X PVC Other  |  |                    |  |                  |  |  |
| CASING JOINTS: Glued Clamped Welded Threaded  |  |                    |  |                  |  |  |
| Casing diameter   |  |                    |  |                  |  |  |
| Casing height above land surface  |  |                    |  |                  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel PVC Other (Specify)  |  |                    |  |                  |  |  |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)   |  |                    |  |                  |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |  |                    |  |                  |  |  |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)  |  |                    |  |                  |  |  |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify)   |  |                    |  |                  |  |  |
| SCREEN PERFORATED INTERVALS: From   |  |                    |  |                  |  |  |
| From ft to ft From ft to  |  |                    |  |                  |  |  |
| GRAVEL PACK INTERVALS: From   |  |                    |  |                  |  |  |
| From ft to ff From ft to  |  |                    |  |                  |  |  |
| 6 CROUT MATERIAL: Nest cement Cement grout X Bentonite Other  |  |                    |  |                  |  |  |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft., From ft. to   |  |                    |  |                  |  |  |
| What is the nearest source of possible con  |  |                    |  |                  |  |  |
|   |  | Livestock          | pens   | Insectición      |  | other (specify below)  |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well  |  |                    |  |                  |  | A. Alexander   |
| Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well/1008Observe.   |  |                    |  |                  |  |  |
| Direction from well   |  |                    |  | H                |  |  |
| FROM TO LITHOLO   |  | FROM               | TO   |                  | the state of the s | LUGGING INTERVAL   |
| 0 50 white clay + 4   | white rock ledges  | 150                | 157  |                  | sand of Tan  | clay layers  |
| 50 70 Blue clay   |  | 157                | 370  | Med-S            | and  |  |
|   | rown crumbly rok   |                    |  |                  |  |  |
| 75 83 Blue clay   |  |                    |  |                  | ,  |  |
| 83 86 Med Sand  |  |                    |  |                  |  |  |
|   | ay + med Sand  |                    |  |                  |  |  |
| 112 120 Blue clay   | 1 12160 - 020  |                    |  |                  |  |  |
| 120 127 Fine to med.  | Soul   |                    |  |                  |  |  |
| 120 130 Blue Sauch Cl   |  |                    |  |                  |  |  |
|   | 97   |                    |  |                  | · · · · · · · · · · · · · · · · · · ·  | <del>angline sa specific (Manadanian ang an ang ang ang ang ang ang ang an</del> |
| 130 150 Blue Clay   | PRIS CERTIFICATION   | This wa            | ter well v   | vas Arcons       | structed  recon  | structed or nlugged  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed or plugged under my jurisdiction and was completed on (mo/day/year)   |  |                    |  |                  |  |  |
| Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)  |  |                    |  |                  |  |  |
| under the business name of  |  |                    |  |                  |  |  |
| under the dusiness name of  | an PIRACE PRECE FIRM Y   | nd PRINT A         | ii, Uy (S<br>learly Pla  | ase fill in blan | nks and check the on   | frect answers. Send three co   |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three creative, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Saite 420, Topeka, Kansas 66612-1   |  |                    |  |                  |  |  |
| Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit   |  |                    |  |                  |  |  |
| http://www.kdheks.gov/waterwell/index.html.   | Andrew Commencer Com |                    | <del>, , , , , , , , , , , , , , , , , , , </del>  | <del></del>      |  |  |
| KSA 82a-1212  |  |                    |  |                  |  |  |