

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

Division of Water Resources App. No.

Well ID **TW-4-19**

1 LOCATION OF WATER WELL:

County: Harper

Fraction SE ¼ NW ¼ SW ¼ NW ¼

Section Number 19

Township Number T 31 S

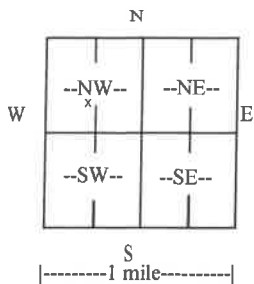
Range Number R 5 E W

2 WELL OWNER: Last Name: Vornauf First: Jeff

Business Address: 1266 NE 70 Ave.
 Address:
 City: Harper State: KS ZIP: 67058

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:

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 32 ft.

Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: 11.23 ft.

below land surface, measured on (mo-day-yr) 09-11-19

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 35 ft. and

in. to _____ ft.

5 Latitude: 37.336621 (decimal degrees)

Longitude: -97.910955 (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. 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 CASING JOINTS: Glued Clamped Welded Threaded Other _____

Casing diameter 5 in. to 14 ft., Diameter 5 in. to 30 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 14 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 12 ft. to 35 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL:

Neat cement Cement grout Bentonite Other _____

Grout Intervals: From 0 ft. to 12 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			
3	11	Clay, dark brown			
11	20	Sand, coarse to fine, with fine to medium gravel			
20	35	Shale, red & green			

Notes: 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) 09-11-19 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) 09-13-19

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.

Visit us at <http://www.kdheks.izov/waterwell/index.html>

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Revised 7/10/2015