

WATER WELL RECORD Form WWC-5
 Original Record Correction Change in Well Use
Division of Water
Resources App. No.

Well ID

| | | | | | | | | | | | | | | | | | | | | |
|--|-----------|--|---|---|---|-----------------------------|--|--|---|--|--|--|--|--|--|--|--|--|---|--|
| 1 LOCATION OF WATER WELL: County: _____ | | Fraction ¼ ¼ ¼ ¼ | | Section Number | Township Number T S | Range Number R E W | | | | | | | | | | | | | | |
| 2 WELL OWNER: Last Name: _____ Business: _____ Address: _____ Address: _____ City: _____ State: _____ ZIP: _____ | | | 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 type="checkbox"/> | | | | | | | | | | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td>X</td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> W E S -----1 mile----- | | | | | | | | | X | | | | | | | | 4 DEPTH OF COMPLETED WELL: ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... Pump test data: Well water was ft. after..... hours pumping gpm Well water was ft. after..... hours pumping gpm Estimated Yield:gpm Bore Hole Diameter: in. to ft. and in. to ft. | | 5 Latitude:(decimal degrees) Longitude:(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: | |
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| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | | | | | | | | |
| 1. 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 | | | | | | | | | | | | | | | | |
| 3. <input type="checkbox"/> Feedlot | | 7. <input type="checkbox"/> Aquifer Recharge: well ID | | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical | | | | | | | | | | | | | | | | |
| 4. <input type="checkbox"/> Industrial | | 8. <input type="checkbox"/> Monitoring: well ID | | 12. Geothermal: how many bores? | | | | | | | | | | | | | | | | |
| | | 9. Environmental Remediation: well ID | | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | | 13. <input type="checkbox"/> Other (specify): | | | | | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted: | | | | | | | | | | | | | | | | | | | | |
| Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded | | | | | | | | | | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | | | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. | | | | | | | | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) | | | | | | | | | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) | | | | | | | | | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | | | | | | | | |
| 9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | | | | | | | | |
| Nearest source of possible contamination: No potential source of contamination within 200 ft. | | | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (Specify) | | | | | | | | | | | | | | | | | | | | |
| Direction from well? Distance from well? ft. | | | | | | | | | | | | | | | | | | | | |
| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | | | | | | | | | | | | | | | |
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| Notes: | | | | | | | | | | | | | | | | | | | | |
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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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.

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

KSA 82a-1212

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| Form | WWC5 |
| Contractor | Clarke Well & Equipment, Inc. |
| Well Owner | |
| Doc ID | 1636652 |

Lithology

| From | To | LithologicLog |
|------|-----|-------------------------------|
| 0 | 4 | Topsoil |
| 4 | 6 | Sand, very fine to medium |
| 6 | 15 | Clay, gray |
| 15 | 22 | Clay, red & gray |
| 22 | 45 | Clay, red & gray, sandy |
| 45 | 46 | Caliche |
| 46 | 57 | Sand & gravel, medium to fine |
| 57 | 68 | Clay, tan, sandy |
| 68 | 91 | Sand & gravel, fine to medium |
| 91 | 98 | Clay, brown |
| 98 | 104 | Sand & gravel, fine to medium |
| 104 | 117 | Clay, gray |
| 117 | 119 | Sand & gravel, fine to medium |
| 119 | 128 | Clay, gray |
| 128 | 134 | Sand & gravel, fine to medium |
| 134 | 138 | Sand & gravel, clay streaks |
| 138 | 140 | Clay, red |
| 140 | 147 | Clay, tan |
| 147 | 161 | Sand & gravel, fine to coarse |
| 161 | 162 | Cemented sand |
| 162 | 195 | Sand, fine to coarse |
| 195 | 197 | Sand, fine to medium |
| 197 | 210 | Clay, gray & red |
| 210 | 217 | Sand, fine to coarse |

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Lithology

| From | To | LithologicLog |
|------|-----|---------------|
| 217 | 220 | Clay, red |