WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water Resources App. No. [ ] Well ID MW-3A

1 LOCATION OF WATER WELL: County: Barber | Fraction: SW ¼ NW ¼ SE ¼ SW ¼ | Section Number: 6 | Township Number: T 34 S | Range Number: R 11 ☐ E ■ W

2 WELL OWNER: Last Name: First:
Business: Barber County Dept. of Public Works
Address: 1027 NE Isabel Rd.
Address:
City: Medicine Lodge State: KS ZIP: 67104

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: ☐
Barber Co. Landfill, 12890 U.S. Highway 281, Kiowa, KS

3 LOCATE WELL WITH "X" IN SECTION BOX:

N
NW | NE
W | E
SW X | SE
S
|---------1 mile---------|

4 DEPTH OF COMPLETED WELL: 25 ft.
Depth(s) Groundwater Encountered: 1) 20 ft. 2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 7.51 ft.
■ below land surface, measured on (mo-day-yr) 1/30/18
☐ 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: 7 in. to 25 ft. and ..... in. to ..... ft.

5 Latitude: 37.11156 (decimal degrees)
Longitude: -98.64629 (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: 1439 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 MW-3A
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 ☐ Other ..... CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ■ Threaded
Casing diameter 2 in. to 25 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 36 in. Weight ..... lbs./ft. Wall thickness or gauge No. Sch. 40
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 ..... 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: ☐ Neat cement ■ Cement grout ■ Bentonite ☐ Other .....
Grout Intervals: From 0 ft. to 2 ft., From 2 ft. to 8 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) Landfill
Direction from well? West and South Distance from well? 100 to 500 feet ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	10	Silt and silty clay, red-brown			
10	25	Silty shale, red-brown			
			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) 1/25/2018 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo-day-year) 2/2/2018 under the business name of Terracon Consultants, Inc. Signature Michael W. Montgomery

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.gov/waterwell/index.html KSA 82a-1212 **Revised 7/10/2015**