

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

Division of Water Resources App. No.

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Well ID TH-1-19

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: Mitchell

Fraction NW 1/4 NW 1/4 NW 1/4 NW 1/4

Section Number 3

Township Number T 7 S

Range Number R 8 E W

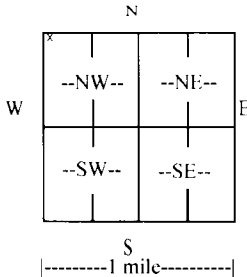
2 WELL OWNER:

Last Name: Mitchell Co. RWD #3
Business: 2031 N. Independence Ave.
Address:
City: Beloit State: KS ZIP: 67420

First:

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 north and 5 miles west of Beloit.

3 LOCATE WELL WITH "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL:

33 ft.
Depth(s) Groundwater Encountered: 1) ft.
2) ft. 3) ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: 13.70 ft.
 below land surface, measured on (mo-day-yr) 01-28-19
 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: 5 in. to 40 ft. and in. to ft.

5 Latitude: 39.48018 (decimal degrees)

Longitude: -98.20837 (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 TH-1-19
 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 2 in. to 26 ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface 24 in. Weight .73 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 26 ft. to 31 ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 20 ft. to 40 ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From 0 ft. to 20 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 Swage 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	1	Topsoil			
1	5	Clay, gray, brown			
5	16	Clay, gray			
16	17	Clay, gray, rocks			
17	20	Clay, yellow & brown			
20	27	Sand & gravel, coarse to fine			
27	31	Sand & gravel, coarse to fine, with gray clay streaks			
31	37	Clay, gray, with rocks			
37	40	Shale, black, hard			

Notes:

II CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 01-28-19 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) 02-08-19
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.