

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Leavenworth</u>	Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>30</u>	Township Number T <u>10</u> S	Range Number R <u>22</u> <u>EP</u>
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Distance and direction from nearest town or city street address of well if located within city?
18201 Donahoe Rd. Tonganoxie, KS - 66056

2 WATER WELL OWNER: Bob Lutz
RR#, St. Address, Box # : 18201 Donahoe Rd
City, State, ZIP Code : Tonganoxie, KS 66056

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

	X		
-- NW --	-- NE --		
W			E
-- SW --	-- SE --		
			S

4 DEPTH OF COMPLETED WELLS: 3.00 ft. 3-200' Bore Plugged

Depth(s) Groundwater Encountered (1) 45-125 ft. (2) _____ ft. (3) _____ ft.
WELL'S STATIC WATER LEVEL: 45 ft. below land surface measured on mo/day/yr. 7-6-09
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield: 10 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well used loop heat pump

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr
Sample was submitted _____ Water well disinfected? Yes _____ No X _____

5 TYPE OF CASING USED:

5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement <u>Other (specify below)</u>
2 PVC	4 ABS	7 Fiberglass <u>H.D. Polyethylene</u>
		Welded <u>Fusion</u>
		Threaded _____

Blank casing diameter: 3.14 in. to 2.00 in., Diameter _____ in. to _____ in., Diameter _____ in. to _____ in.
Casing height above land surface: 3' in., Weight SDR 11 lbs./ft. Wall thickness or guage No. 16DRS1

TYPE OF SCREEN OR PERFORATION MATERIAL: None

1 Steel	3 Stainless Steel	5 Fiberglass	7 PVC	9 ABS	11 Other (Specify) _____
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: None

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., 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., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 200 ft. to 3 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<u>1</u> Septic tank	<u>4</u> Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide storage	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	

Direction from well? SW How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	So. 10 Clay			
3	125	Sandstone			
125	125	Limestone			3-200' Bore plugged
128	132	Shale			
132	138	Limestone	200	3	High Solids Bentonite full length
138	158	Shale			
150	155	Sandstone			
155	159	Shale			
159	170	Limestone			
170	175	Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7-7-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 561 This Water Well Record was completed on (mo/day/year) 7-8-09 under the business name of Energy Derivative by (signature) Scott

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.