

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>CLAY</u> Distance and direction from nearest town or city street address of well if located within city? <u>FROM WAKEFIELD: 1 WEST, 4 MILES SOUTH AND 2 1/4 EAST</u>	Fraction <u>NE 1/4 NE 1/4 SW 1/4</u>	Section Number <u>21</u>	Township Number T <u>10</u> S	Range Number R <u>4</u> <u>EW</u>
2 WATER WELL OWNER: <u>JERRY PATERSON</u> RR#, St. Address, Box # : <u>616 BIRCH</u> City, State, ZIP Code : <u>WAKEFIELD, KS 67487</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>37° 09.877</u> Longitude: <u>97° 00.593</u> Elevation: <u>1226</u> Datum: _____ Data Collection Method: _____		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> </tr> </table> S	NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL <u>11.6</u> ft. Depth(s) Groundwater Encountered (1)... <u>6.4</u> ft. (2)... <u>9.3</u> ft. (3)... _____ ft. WELL'S STATIC WATER LEVEL..... <u>7.6</u> ft. below land surface measured on mo/day/yr <u>9/15/06</u> Pump test data: Well water was..... _____ ft. after..... _____ hours pumping..... _____ gpm Est. Yield... <u>30</u> ... 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 <input checked="" type="checkbox"/> 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 _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> _____; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No _____
NW	NE				
SW	SE				

5 TYPE OF CASING USED: 1 Steel <u>PVC</u> 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued. <input checked="" type="checkbox"/> Clamped..... Welded..... Threaded..... Blank casing diameter... <u>5</u> in. to <u>9.6</u> ft., Diameter. _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface..... <u>2.4</u> in., Weight..... _____ lbs./ft. Wall thickness or gauge No. <u>SDR 21</u> TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>PVC</u> 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: 1 Continuous slot 3 <u>Mill slot</u> 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... <u>9.6</u> ft. to <u>11.6</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From... <u>2.5</u> ft. to <u>7.5</u> ft., From _____ ft. to _____ ft. From... <u>9.0</u> ft. to <u>11.6</u> ft., From _____ ft. to _____ ft.
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>Bentonite</u> 4 Other _____ Grout Intervals: From... <u>3</u> ft. to <u>2.5</u> ft., From... <u>7.5</u> ft. to <u>9.0</u> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage <u>16 Other</u> (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 <u>NEHA CONSTRUCTION</u> Direction from well? _____ How many feet? _____
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	LIMESTONE			
6	15	SHALE, TAN			
15	18	LIMESTONE			
18	24	SHALE, TAN			
24	26	LIMESTONE			
26	64	SHALE, TAN TO RED TO GRAY TO RED			
64	78	LIMESTONE, TAN VOID 74-76 H2O			
78	93	SHALE, GRAY			
93	97	LIMESTONE, H2O			
97	116	SHALE, GRAY			

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) 9/15/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760.... This Water Well Record was completed on (mo/day/year) 10/9/06 under the business name of ASSOCIATED OILFIELD INC. by (signature) [Signature]

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.kdhe.state.ks.us/geo/waterwells>.