53 10030 TW 10-10

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL: County: Geary | Fraction: 1/4 SE 1/4 NE 1/4 NE 1/4 | Section Number: 30 | Township No.: T 10 S | Range Number: R 5 ☒E ☐W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐

Approximately 3/4 mile southeast of Milford

Global Positioning System (GPS) information:

Latitude: 39.159245 (in decimal degrees)

Longitude: -96.906669 (in decimal degrees)

Elevation: unknown

Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27

Collection Method: ☒ GPS unit (Make/Model: WAAS) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

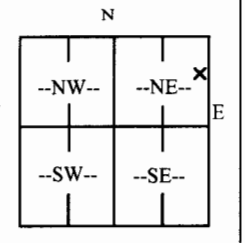
Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: City of Milford

RR#, Street Address, Box #: 201 12th Street

City, State, ZIP Code : P.O. Box 279 Milford, KS 66514-0279

3 LOCATE WELL WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 57.5 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL not checked ft. below land surface measured on mo/day/yr _____

Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm

EST. YIELD unknown gpm. Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 10 in. to 58 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☒ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Test Well

Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No

If yes, mo/day/yr sample was submitted _____

Water well disinfected? ☒ Yes ☐ No

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____

CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter 5 in. to 15.5 ft., Diameter 5 in. to 38.5 ft., Diameter _____ in. to _____ ft.

Casing height above land surface 24 in., Weight 2.36 lbs./ft., Wall thickness or gauge No. .214

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____

☐ Brass ☐ Galvanized Steel ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)

☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 15.5 ft. to 23.5 ft., From _____ ft. to _____ ft.

From 38.5 ft. to 55.5 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 17 ft. to 55.5 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 17 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)

☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well None known

☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well

Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Topsoil	55	56	Crack in formation
4	14	Clay, tan, silty	56	57	Sand, very fine to coarse, some gravel, small
14	25	Sand, brown, very fine to fine, loose,	57	58	Limestone, yellow, turned to gray
		clean			
25	40	Clay, tan, some sand, fine			Note: 10/5/10 Robert L. Vincent of Ground
40	47	Sand, brown, very fine, with clay, brown,			Water Associates spoke with Richard Harper
		silty			and explained this is a temporary test well and
47	50	Clay, brown, silty, some sand, fine			will be plugged by pulling casing 20' and
50	55	Clay, tan, red, some limestone and sand,			grouted. Richard approved short grout on
		fine			construction.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 9/14/10 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) 10/12/10 under the business name of Clarke Well & Equipment, Inc. by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212

Check: ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy