

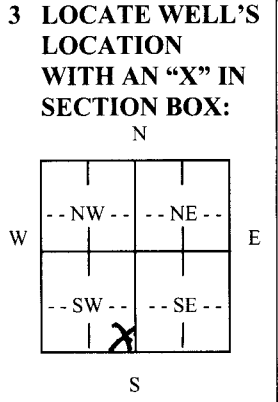
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>CLAY</u>	Fraction <u>SE 1/4 SE 1/4 SW 1/4</u>	Section Number <u>9</u>	Township Number T <u>11</u> S	Range Number R <u>5</u> <u>EW</u>
Distance and direction from nearest town or city street address of well if located within city?		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)		
		Latitude: <u>37.10395</u>		
		Longitude: <u>96.88099</u>		
		Elevation: <u>1220</u>		
		Datum: <u>WGS 84</u>		
		Data Collection Method:		

**2 WATER WELL OWNER:** DAVE SMITH  
 RR#, St. Address, Box # : 7821 Old Milford Rd  
 City, State, ZIP Code : Milford, MS. 66514



**4 DEPTH OF COMPLETED WELL** 100 ft.

Depth(s) Groundwater Encountered (1) 65 ft. (2) — ft. (3) — ft.

WELL'S STATIC WATER LEVEL 65 ft. below land surface measured on mo/day/yr 8/5/09

Pump test data: Well water was — ft. after — hours pumping — gpm

Est. Yield 3 gpm: Well water was — ft. after — hours pumping — gpm

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Domestic (lawn & garden)	<input type="checkbox"/> 10 Monitoring 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:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped.....
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter 6 in. to 50 ft., Diameter — in. to — ft., Diameter — in. to — ft.

Casing height above land surface 27 in., Weight — lbs./ft. Wall thickness or gauge No. 5/8" 26

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 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:

1 Continuous slot	<input checked="" type="checkbox"/> 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 50 ft. to 100 ft., From — ft. to — ft.

GRAVEL PACK INTERVALS: From 25 ft. to 100 ft., From — ft. to — ft.

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

Grout Intervals: From 0 ft. to 25 ft., From — ft. to — 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	<input checked="" type="checkbox"/> 6 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	<u>NEARBY</u>

Direction from well? .....

How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	CLAY, GRAY to Brown	90	100	Limestone
8	17	SAND			
17	45	CLAY, BROWN TO RED			
45	50	Limestone			
50	55	Shale, GRAY			
55	57	Limestone, Broken, <del>red</del>			
57	65	Limestone			
65	78	Shale, gray			
78	82	Limestone			
82	90	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) 8-5-09 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) 1-8-10 under the business name of Associated Drilling 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 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>.