

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>SNAWNEE</u>	Fraction <u>SW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>21</u>	Township Number <u>T 12 S</u>	Range Number <u>R 15 EW</u>
Distance and direction from nearest town or city street address of well if located within city?		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>37.1725 38.98953</u> Longitude: <u>95.61543 95.75867</u> Elevation: <u>1792</u> Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: GREENSBOROUGH (MENA NATURAL)
RR#, St. Address, Box # : 210 E 5th St
City, State, ZIP Code : Holtan, KS 66216

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

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

4 DEPTH OF COMPLETED WELL 170 ft.

Depth(s) Groundwater Encountered (1)..... _____ ft. (2)..... _____ ft. (3)..... _____ ft.
WELL'S STATIC WATER LEVEL..... _____ ft. below land surface measured on mo/day/yr..... _____
Pump test data: Well water was..... _____ ft. after..... _____ hours pumping..... _____ gpm
Est. Yield.....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) C. P. WATER
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

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:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
2 PVC	4 ABS	7 Fiberglass	<u>Other</u> (specify below) <u>HDPE</u>	Welded <u>X</u>
Blank casing diameter <u>3/4</u> in. to <u>170</u> ft., Diameter..... in. to _____ ft., Diameter..... in. to _____ ft.				Threaded.....
Casing height above land surface..... <u>46</u> in., Weight..... lbs./ft. Wall thickness or gauge No. <u>SRR11</u>				

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	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 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 Bentonite 4 Other.....

Grout Intervals: From 4 ft. to 170 ft., From..... ft. to..... 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	<u>Other</u> (specify below) <u>HOUSE</u>
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? How many feet? 10

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	12	FILL			
12	25	SHALE, SOFT			
25	30	LEAFSTONE			
30	55	SILT CLAY, GRAY			5 HOLES TO 170
55	62	LEAFSTONE			
62	105	SHALE, GRAY			
105	115	LEAFSTONE			
115	120	SHALE, GRAY			
120	150	SANDSTONE			
150	170	SHALE GRAY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10/19/08 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) 11/12/07 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 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>.