

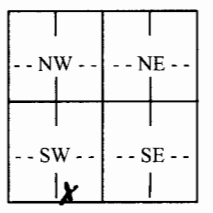
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

**1 LOCATION OF WATER WELL:**  
 County: Shawnee Fraction SW 1/4 SE 1/4 SW 1/4 Section Number 32 Township Number T 12 S Range Number R 16 EW  
 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: N 39.957777  
 Longitude: W 95.663066  
 Elevation: 1043  
 Datum: \_\_\_\_\_  
 Data Collection Method: hand held

**2 WATER WELL OWNER:** Chuck Sperry  
 RR#, St. Address, Box # : 6046 SE Adams  
 City, State, ZIP Code : Topeka, Ks 66609

**3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:**  
  
**4 DEPTH OF COMPLETED WELL** ..... 60 ..... ft.  
 Depth(s) Groundwater Encountered (1) 35 ..... ft. (2) ..... ft. (3) ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 19 ..... ft. below land surface measured on mo/day/yr. 3-6-09  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield. 15 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  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No X .....; If yes, mo/day/yr  
 Sample was submitted ..... Water well disinfected? Yes X ..... No .....

**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped .....  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....  
2 PVC 4 ABS 7 Fiberglass ..... Threaded .....  
 Blank casing diameter ..... 5 ..... in. to ..... 35 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 24 ..... in., Weight ..... 2.82 ..... lbs./ft. Wall thickness or gauge No. .... 2.58 .....  
**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC .032 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 35 ..... ft. to 50 ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 30 ..... ft. to 60 ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout 4 Bentonite 4 Other .....  
 Grout Intervals: From 6 ..... ft. to 30 ..... 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 16 Other (specify  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 4 Abandoned water well below)  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well .....  
 Direction from well? East ..... How many feet? 50 .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	8	grey clay			
8	18	brown clay			
18	24	grey clay			
24	35	tan clay			
35	41	Fine brown sand			
41	44	grey clay			
44	60	grey limestone			

**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) 3-6-09 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 182 This Water Well Record was completed on (mo/day/year) 3-6-09 under the business name of Strader Drilling Co, 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.