

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Douglas	Fraction NE ¼ NE ¼ NW ¼	Section Number 30	Township Number T 12 S	Range Number R 20E E/W
Distance and direction from nearest town or city street address of well if located within city? 739 N. 2ND St., Lawrence, KS		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>38° 59' 06.0" N</u> Longitude: <u>95° 14' 05.6" W</u> Elevation: <u>819.03 toc / 819.27 pin</u> Datum: _____ Data Collection Method: <u>legal survey</u>		
2 WATER WELL OWNER: PDO Investors, LLC RR#, St. Address, Box # : <u>PO Box 4150</u> City, State, ZIP Code : <u>Lawrence KS 66046</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 17 ft.
	<p style="text-align: center;">MW1</p> <p>Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.</p> <p>WELL'S STATIC WATER LEVEL <u>11.55</u> ft. below land surface measured on mo/day/yr <u>8/21/06</u></p> <p>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm</p> <p>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well</p> <p>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)</p> <p>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr Sample was submitted _____</p> <p>Water Well Disinfected? Yes _____ No X</p>

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Welded _____
2 PVC	4 ABS	7 Fiberglass	Threaded X
Blank casing diameter <u>2</u> in. to <u>17</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height above land surface <u>0</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS	11 Other (specify) _____
1 Continuous slot	3 Mill slot	5 Guaze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS:		9 Drilled holes	11 None (open hole)
From <u>7</u> ft. to <u>17</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:		10 Other (specify) _____	
From <u>5</u> ft. to <u>17</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other cement 0-2'
Grout Intervals From <u>2</u> ft. to <u>5</u> ft.	From _____ ft. to _____ 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
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
16 Other (specify below) _____	Direction from well? _____ How many feet? _____			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Silt, very stiff, brown/tan, dry, no odor			<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">OCT 20 2006</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">BUREAU OF WATER</div> <div style="font-size: 1em;">Flushmount waiver by D. Taylor</div>
3	5	Silt, soft, light brown/tan, dry, no odor			
7	9	Silt, soft, light brown, moist, wet at depth no odor			
	17	Silt, soft, light brown, moist, wet, no odor, TD			

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) 7/26/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 9/19/06 under the business name of Larsen & Associates, Inc by (signature) [Signature].

INSTRUCTIONS: Please fill in blanks 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>.