

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <b>Leavenworth</b>	Fraction SE ¼ NE ¼ SW ¼ SW ¼	Section Number <b>14</b>	Township Number <b>T 12 S</b>	Range Number <b>R 21 E</b>
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**2 WELL OWNER:** Last Name: **SHATAS** First: **DOUGLAS** Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:

Business Address: **12600 206TH ST**  
Address:  
City: **LINWOOD** State: **KS** ZIP: **66052**

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

N

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

-----1 mile-----

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

Depth(s) Groundwater Encountered: 1) ..... ft.  
2) ..... ft. 3) ..... ft., or 4)  Dry Well

WELL'S STATIC WATER LEVEL: ..... **33** ..... ft.

below land surface, measured on (mo-day-yr) **02/15/2017**  
 above land surface, measured on (mo-day-yr) .....

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

Estimated Yield: ..... **2** ..... gpm

Bore Hole Diameter: **8.75** in. to **100** ft. and  
..... in. to ..... ft.

**5 Latitude:** ..... **39.003310** ..... (decimal degrees)  
**Longitude:** ..... **-95.055361** ..... (decimal degrees)  
Horizontal Datum:  WGS 84  NAD 83  NAD 27  
Source for Latitude/Longitude:  
 GPS (unit make/model: .....)  
(WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: **WGS84**

**6 Elevation:** ..... ft.  Ground Level  TOC  
Source:  Land Survey  GPS  Topographic Map  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): .....

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded

Casing diameter ..... **5** ..... in. to ..... **45** ..... ft., Diameter ..... **5** ..... in. to ..... **70-85** ..... ft., Diameter ..... in. to ..... ft.

Casing height above land surface ..... **24** ..... in. Weight ..... **SDR21** ..... lbs./ft. Wall thickness or gauge No. **200PSI** .....

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....

Brass  Galvanized Steel  Concrete tile  None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....

Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

**SCREEN-PERFORATED INTERVALS:** From **45** ..... ft. to **70** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From **85** ..... ft. to **20** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From **0** ..... ft. to **20** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**

<input checked="" type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? **NORTH** ..... Distance from well? **100** ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	SOIL/CLAY			
2	37	SAND			
37	42	LIME			
42	44	SHALE			
44	57	LIME			
57	64	SHALE			
64	70	LIME			
70	89	SANDY SHALE			
89	100	LIME			

**Notes:**

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) **02/15/2017** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **561** ..... This Water Well Record was completed on (mo-day-year) **02/16/2017** ..... under the business name of **EVANS ENERGY DEVELOPMENT, INC.** ..... Signature *[Signature]*