

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: GEARY	Fraction NW 1/4 NW 1/4 SE 1/4	Section Number 16	Township Number T 12 S	Range Number R 5 EW
Distance and direction from nearest town or city street address of well if located within city? HECHORY HILLS IN JUNCTION CITY, SW CORNER OF JUNCTION CITY		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.00609 Longitude: 96.88072 Elevation: 1167 Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: BGS Company's RR#, St. Address, Box # : 7570 W. 21st North City, State, ZIP Code : BLD 103B, SUITE A WICHITA, KS 67205				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>-- NW --</td><td> </td><td>-- NE --</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>-- SW --</td><td> </td><td>-- SE --</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> W E S					-- NW --		-- NE --						-- SW --		-- SE --						4 DEPTH OF COMPLETED WELL 93 ft. Depth(s) Groundwater Encountered (1)..... 69 ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... 6.7 ft. below land surface measured on mo/day/yr..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm Est. Yield... 40 ...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 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
-- NW --		-- NE --																			
-- SW --		-- SE --																			

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile Blank casing diameter 6 in. to 9.5 ft., Diameter. _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 2.4 in., Weight _____ lbs./ft. Wall thickness or guage No. SDR 26	CASING JOINTS: Glued X ... Clamped..... Welded..... Threaded.....
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 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 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 7.3 ft. to 9.3 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From 2.5 ft. to 9.3 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	Grout Intervals: From 3 ft. to 2.5 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 15 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 HOUSE Direction from well? NORTH E. SOUTH How many feet? 25	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	38	SAND FINE TRACER CLAY			
38	58	CLAY TRACER SAND			
58	68	SAND FINE			
68	80	SAND, COARSE, w/ GRAVEL			
80	93	SHALE			

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) **8/27/07** 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) **10/15/07** under the business name of **ASSOCIATED DRILLERS 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>.