

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

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|--|--|--|----------------------------|---|
| 1 LOCATION OF WATER WELL: County: <u>Dickinson</u> | Fraction <u>1/4 SW 1/4 NE 1/4 SW 1/4</u> | Section Number <u>5</u> | Township No. <u>T 14 S</u> | Range Number <u>R 24E</u> <input checked="" type="checkbox"/> W |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> | | Global Positioning System (GPS) information: Latitude: <u>38.86153</u> (in decimal degrees) Longitude: <u>97.23637</u> (in decimal degrees) Elevation: <u>1215</u> Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin Etrex</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m | | |
| 2 WATER WELL OWNER: <u>Dennis & Melony Throuer</u> RR#, Street Address, Box #: <u>845 1800 AVE</u> City, State, ZIP Code: <u>Abilene, KS 67410</u> | | | | |

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|--|----|----|-------------|----|--|
| 3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;">NW</td> <td style="border: 1px solid black; width: 25px; height: 25px;">NE</td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;">SW X</td> <td style="border: 1px solid black; width: 25px; height: 25px;">SE</td> </tr> </table> E S -----1 mile----- | NW | NE | SW X | SE | 4 DEPTH OF COMPLETED WELL <u>200</u> ft. <u>(salt)</u> Depth(s) Groundwater Encountered (1) <u>28</u> ft. (2) <u>125</u> 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 Bore Hole Diameter <u>6</u> in. to <u>200</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input checked="" type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| NW | NE | | | | |
| SW X | SE | | | | |

5 TYPE OF CASING USED: Steel PVC Other HDPE

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter below 3/4 in. to 280 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface _____ in., Weight _____ lbs./ft., Wall thickness or gauge No. SDR11

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify) _____
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut 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: Neat cement Cement grout Bentonite Other _____

Grout Intervals: (1) From 0 ft. to 100 ft. (2) From 100 ft. to 140 ft. (2) From 140 ft. to 200 ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well _____

Direction from well _____ Distance from well _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|-----|-------------------------|------|----|--|
| 0 | 28 | CLAY | | | |
| 28 | 35 | LIMESTONE, WATER | | | |
| 35 | 92 | SHALE, MULTIPLE COLORS | | | |
| 92 | 102 | LIMESTONE | | | |
| 102 | 125 | SHALE | | | |
| 125 | 133 | LIMESTONE - SALTY WATER | | | |
| 133 | 165 | SHALE | | | |
| 165 | 171 | LIMESTONE | | | |
| 171 | 200 | SHALE | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This geothermal water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 12-30-2010 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) 2-8-2011
 under the business name of ASSOCIATED DRILLING CO. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.