

**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: JOHNSON	Fraction SE ¼ NE ¼ NW ¼ NW ¼	Section Number 34	Township Number T 14 S	Range Number R 25 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: GIBSON First: TOM Business Address: 3550 W. 183RD STREET Address: City: STILWELL State: KS ZIP: 66083	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: <input checked="" type="checkbox"/>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL:</b> ..... 400 ..... ft. Depth(s) Groundwater Encountered: 1) ..... 0 ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) ..... <input type="checkbox"/> 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: ..... 0 ..... gpm Bore Hole Diameter: 5.5/8 in. to 400 ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... 38.795485 ..... (decimal degrees) <b>Longitude:</b> ..... -94.626604 ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Online Mapper: WGS84
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**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... 5 ..... a) Closed Loop <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....
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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 HD POLY CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter ..... 1 ..... in. to 400 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 36 ..... in. Weight ..... SDR11 ..... lbs./ft. Wall thickness or gauge No. 160 PSI.....  
**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 ..... 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.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From ..... 400 ..... ft. to 3 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**Nearest source of possible contamination:**  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 Sewer Lines  Cess Pool  Sewage Lagoon  Fuel Storage  Abandoned Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) .....  
 Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	6	SOIL/CLAY 153-165 SANDSTONE	373	385	SANDSTONE
6	63	LIME 165-173 LIMESTONE	385	400	SHALE
63	84	SHALE 173-191 SHALE			
84	94	LIME 191-218 LIME			
94	102	SHALE 218-225 BLACK SHALE			
102	112	SANDSTONE 225-246 LIME			
112	126	SHALE 246-251 BLACK SHALE	<b>Notes:</b> PLUGGED 5-400' BORES FROM 400' - 3' WITH HIGH SOLID BENTONITE		
126	131	LIME 251-264 BLACK LIME			
131	153	SHALE 264-373 SHALE			

**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) 04/12/2018 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) 04/13/2018 under the business name of EVANS ENERGY DEVELOPMENT, INC. Signature *[Signature]*

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.