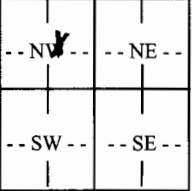


**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<p><b>1 LOCATION OF WATER WELL:</b>                  County: <u>Franklin</u>                  Distance and direction from nearest town or city street address of well if located within city? <u>3 south 2 west of Centropolis</u></p>	<p>Fraction  <u>SW 1/4 NE 1/4 NW 1/4</u></p>	<p>Section Number  <u>11</u></p>	<p>Township Number  <u>T 16 S</u></p>	<p>Range Number  <u>R 18 E</u></p>
<p><b>2 WATER WELL OWNER:</b> <u>Brad &amp; Danielle Hubin</u>                  RR#, St. Address, Box # <u>mail 1209 S. Willow site</u>                  City, State, ZIP Code <u>Ottawa, Ks 66067 1350 Riley rd</u></p>		<p><b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)                  Latitude: <u>N 38.677728</u>                  Longitude: <u>W 95.390226</u>                  Elevation: <u>892</u>                  Datum: _____                  Data Collection Method: <u>hand held</u></p>		
<p><b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                  N                    W                  E                  S</p>	<p><b>4 DEPTH OF COMPLETED WELL</b> ..... <u>140</u> ft.                  Depth(s) Groundwater Encountered (1) <u>60-19pm</u> ft. (2) <u>80-129pm</u> ft. (3) <u>140-20+6m</u> ft.                  WELL'S STATIC WATER LEVEL ..... <u>41</u> ft. below land surface measured on mo/day/yr. <u>9-2-2009</u>                  Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm                  Est. Yield <u>201</u> 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  <input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                  2 Irrigation 4 Industrial 7 Domestic (lawn &amp; garden) 10 Monitoring well</p> <p>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/>; If yes, mo/day/yr                  Sample was submitted ..... Water well disinfected? Yes <input checked="" type="checkbox"/> No .....</p>			

**5 TYPE OF CASING USED:**

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="checkbox"/> 2 PVC	4 ABS	7 Fiberglass	

Blank casing diameter ..... 5 in. to ..... 120 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 36 in., Weight ..... lbs./ft. Wall thickness or gauge No. SDR 21

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC -032	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	3 Mill slot	5 Gauzed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	<input checked="" type="checkbox"/> 8 Saw Cut	10 Other (specify) .....	

**SCREEN-PERFORATED INTERVALS:** From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 From 120 ft. to 140 ft., From ..... ft. to ..... ft.

**GRAVEL PACK INTERVALS:** From 25 ft. to 140 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout  Bentonite 4 Other .....

Grout Intervals: From 0 ft. to 25 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	16 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	<u>open field</u>

Direction from well? ..... How many feet? .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1/2	top soil	96	102	Grey shale
1/2	3	orange sandy clay	102	140	Grey Sandstone - Firm
3	5	tan clay			
5	19	yellow shale			
19	23	Brown shale			
23	25	Grey shale			
25	26	Brown shale			
26	42	Grey shale			
42	63	SS Grey-shaley			
63	96	Grey Sandstone			

**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) 9-2-09 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 182. This Water Well Record was completed on (mo/day/year) 9-3-09 under the business name of Strada Drilling Co Inc by (signature) Jim Strada

**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>.