

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

| | | | | |
|--|---|---|----------------------------------|------------------------------|
| 1 LOCATION OF WATER WELL: County: <u>Morris</u> | Fraction <u>SW 1/4 NW 1/4 NW 1/4</u> | Section Number <u>8</u> | Township Number T <u>16 S</u> | Range Number R <u>6 E</u> |
| Distance and direction from nearest town or city street address of well if located within city? <u>From Delavan 60 1/2 mile E. on 56 Hwy to 2500 Rd 60 North 1 3/4 of a mile</u> | | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____ | | |
| 2 WATER WELL OWNER: RR#, St. Address, Box # : <u>6. Devin Miller 1425 S. 2500 Rd.</u> City, State, ZIP Code : <u>Delavan, KS 67449</u> | | | | |

| | | | | | | | | | | | | | | | | |
|---|---|----|--|----|---|----|--|--|--|----|--|----|--|--|--|---|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 80px; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>NW</td><td>X</td><td>NE</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>SW</td><td> </td><td>SE</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> S | | | | NW | X | NE | | | | SW | | SE | | | | 4 DEPTH OF COMPLETED WELL ft. Depth(s) Groundwater Encountered (1) <u>106</u> ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL <u>60</u> ft. below land surface measured on mo/day/yr. Pump test data: Well water wasft. after hours pumping gpm Est. Yield <u>120</u> gpm: Well water wasft. after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="checkbox"/> 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr Sample was submitted. Water well disinfected? Yes <input checked="" type="checkbox"/> No |
| | | | | | | | | | | | | | | | | |
| NW | X | NE | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| SW | | SE | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| | | | |
|--|---|---|---|
| 5 TYPE OF CASING USED: <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 5 Wrought Iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass | <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) | CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded |
| Blank casing diameter <u>5</u> in. to <u>1.20</u> ft., Diameter. in. to ft., Diameter in. to ft. Casing height above land surface <u>2'</u> in., Weight <u>526.40</u> lbs./ft. Wall thickness or gauge No. | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 7 PVC <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (Specify) <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 8 RM (SR) <input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 12 None used (open hole) | | | |
| SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <u>25/100</u> <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 8 Saw Cut <input type="checkbox"/> 10 Other (specify) | | | |
| SCREEN-PERFORATED INTERVALS: From <u>120</u> ft. to <u>140</u> ft., From ft. to ft. From ft. to ft., From ft. to ft. | | | |
| GRAVEL PACK INTERVALS: From <u>25</u> ft. to <u>140</u> ft., From ft. to ft. From ft. to ft., From ft. to ft. | | | |

| | | | |
|--|--|--|---|
| 6 GROUT MATERIAL: Grout Intervals: From <u>5</u> ft. to <u>25</u> ft., From <u>3</u> Bentonite <input type="checkbox"/> 4 Other | <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other | <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 13 Insecticide Storage <input type="checkbox"/> 16 Other (specify below) | <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/gas well <u>CATTLE LOT</u> |
| What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard | | | |
| Direction from well? <u>North East</u> How many feet? <u>300 Feet</u> | | | |

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|----------------|------|----|--------------------|
| 0 | 1 | Top Soil | | | |
| 1 | 36 | Brown Clay | | | |
| 36 | 58 | Limestone | | | |
| 58 | 77 | Brown Shale | | | |
| 77 | 81 | Limestone | | | |
| 81 | 84 | Brown Shale | | | |
| 84 | 97 | Limestone | | | |
| 97 | 106 | Brown Shale | | | |
| 106 | 140 | Limestone | | | |

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) 8/14/2007 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 451 This Water Well Record was completed on (mo/day/year) 9/10/2007
under the business name of Holdman Well Drilling by (signature) Craig K. Campbell

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>.