

## WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.  

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Marion</u><br>Street/Rural Address of Well Location: if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/><br><u>110 F Street</u><br><u>Ramona, KS 67475</u>  |    | <b>Fraction</b><br><u>SW 1/4 SW 1/4 Sec 5</u>   |  | <b>Section Number</b><br><u>1</u> |   | <b>Township No.</b><br><u>T 17 S</u> |                | <b>Range Number</b><br><u>R 3</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b> <u>USDA/CCC Farm Service Agency</u><br>RR#, Street Address, Box #: <u>1400 Independence Ave. SW</u><br>City, State, ZIP Code: <u>Washington, DC 20250-0513</u>   |    |   |  |                                   | <b>Global Positioning System (GPS) information:</b><br>Latitude: <u>38.59616</u> (in decimal degrees)<br>Longitude: <u>97.05906</u> (in decimal degrees)<br>Elevation: <u>1389'</u><br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Collection Method:<br><input checked="" type="checkbox"/> GPS unit (Make/Model: <u>iPhone 4</u> )<br><input type="checkbox"/> Digital Map/Photo <input type="checkbox"/> Topographic Map <input type="checkbox"/> Land Survey<br>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 |                                      |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>  |    | <b>4 DEPTH OF COMPLETED WELL</b> <u>55</u> ft.<br>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.<br>WELL'S STATIC WATER LEVEL <u>46.96</u> ft. below land surface measured on mo/day/yr. <u>12/19/13</u><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter _____ in. to _____ ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well<br><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)<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, mo/day/yr sample was submitted _____<br>Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                   |   |                                      |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____<br><b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded<br>Casing diameter <u>1.0</u> in. to <u>45.0</u> ft. Diameter _____ in. to _____ ft. Diameter _____ in. to _____ ft.<br>Casing height above land surface <u>-6</u> in. Weight _____ lbs./ft. Wall thickness or gauge No. _____<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)<br><input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>45.0-45.13</u> ft. to <u>55.0</u> ft. From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>44.0-42.0</u> ft. to <u>55.0</u> ft. From _____ ft. to _____ ft. |    |   |  |                                   |   |                                      |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>Grout Intervals: From <u>2.0</u> ft. to <u>44.0</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input checked="" type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)<br><input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well<br><input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well<br>Direction from well <u>325' East</u> Distance from well _____  |    |   |  |                                   |   |                                      |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 80%;">LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>  |    |   |  |                                   | FROM  | TO                                   | LITHOLOGIC LOG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 80%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |  |  |  |  | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>12/18/2013</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>680</u> This Water Well Record was completed on (mo/day/year) <u>12/15/14</u><br>under the business name of <u>Delta Environmental</u> by (signature)  |    |   |  |                                   |   |                                      |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 400, Topeka, Kansas 66612-1367. Telephone 785-296-5524. 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a>  |    |   |  |                                   |   |                                      |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |