| WATER WELL RECORD | Form WWC-5 | Division of Wate | er Resources; App. No. | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|--------------------------|--|
| 1 LOCATION OF WATER WELL: County: OSAGE | Fraction SW4 NW4 NW | Section Number | Township Number T S | Range Number R DW | |
| Distance and direction from nearest town or ci | ty street address of well if | Global Positionin | g Systems (decimal de | grees, min. of 4 digits) | |
| located within city? | | Latitude: | 38.50377 | | |
| | | | Longitude: 95.63767 | | |
| 2 WATER WELL OWNER: OFFICE C | | Elevation: | 1000 | | |
| RR#, St. Address, Box # : 122 B. BR | K | Datum: WGS 84 | | | |
| City, State, ZIP Code : MRLVERI | 1.45 | Data Collection | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL | | | | | |
| LOCATION | | | | | |
| | Encountered (1) | . ft. (2) | ft. (3) | ft. | |
| | WELL'S STATIC WATER LEVEL | | | | |
| | | | | | |
| | | | | | |
| | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | |
| 7 NW NE | E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | |
| 2 Irrigation 4 Ind | ustrial 7 Domestic (lav | n & garden) 10 Mor | nitoring well | GEOTHERMAL | |
| SW SE | | - , | . | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | |
| Sample was submitted | | | | | |
| S | | | • | | |
| 5 TYPE OF CASING USED: 5 Wrought | Iron 8 Concrete t | le CASIN | G IOINTS: Glued | Clamped | |
| 1 Steel 3 RMP (SR) 6 Asbestos- | Cement Other spec | le CASIN | Welded | X | |
| 2 PVC 4 ABS 7 Fiberglass | HOP | Z. | Threaded: | 1 | |
| Blank casing diameter 3/4 in to 164 | ft Diameter | in to ft | Diameter — | in to — ft | |
| 2 PVC 4 ABS 7 Fiberglass HDPE Threaded Blank casing diameter 3/4 in to 60 ft., Diameter in to ft., Diameter in to ft. Casing height and surface 46 in, Weight lbs./ft. Wall thickness or guage No. 50RU | | | | | |
| TYPE OF SCREEN OR PERFORATION MATE | RIAL: | *************************************** | oursess or gauge 110. | | |
| | glass 7 PVC | 9 ABS | 11 Other (Specify) | | |
| 2 Brass 4 Galvanized Steal 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 G | uzed wrapped 7 Torch | cut 9 Drilled holes | 11 None (open h | iole) | |
| 2 Louvered shutter 4 Key punched Windwrapped 8 Saw Cut 10 Other (specify) | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | |
| From | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | |
| From ft. to ft., From ft. to ft. | | | | | |
| CODULT MATERIAL 1 Nova 2 | 2 1 | 101 | | | |
| | Cement grout 3 Pentonit | | | | |
| Grout Intervals: Fromft. to | | n. to 1 | t., From | It. toIt. | |
| What is the nearest source of possible contamination | | aata alemana 12 In. | anatinida Stamana | (CO) (:C- | |
| 1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool | | | secticide Storage bandoned water well | 6 Other (specify | |
| 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit | | _ | il well/gas well | HOUSE. | |
| Direction from well? South | | nany feet? Z.O . | | • | |
| FROM TO LITHOLOGIC | | | PLUGGING INT | DDVALC | |
| | LOG | OM TO | PLUGGING IN 1. | ERVALS | |
| 0 17 CLAY, BLOWN | | | | | |
| 1/ 3/ SHALE | | | · · · · · · · · · · · · · · · · · · · | | |
| 32 36 CTMISTONE | | | | | |
| 56 POTE SHAUE, GRAY | | | | | |
| SDIL PED LIMPSTONE | | | · · · · · · · · · · · · · · · · · · · | | |
| 195 126 SHATE | | | | | |
| 126 BO LAMESTONIS | | | | | |
| 130 152 SHALK GRAY | | | | | |
| 132 158 LIMESONTE | | | | | |
| 158 160 SHALR, CALLY | gr | Heart | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CE | RTIFICATION: This w | ter well was Doonst | ructed, (2) reconstruct | ed, or (3) plugged | |
| under my jurisdiction and was completed on (mo/ | day/year) | and this record is true | to the best of my know | wledge and belief. | |
| Kansas Water Well Contractor's License No | | | | -10-10 | |
| under the business name of | Apriling Me | by (signature) | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEA</u> | SE PRESS FIRMLY and PRINT | learly. Please fill in blank | s, underline or circle the ec | prect 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. | | | Tot Cuch Constructed | e won. Viait us at | |