

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL:</b>  |          | Fraction  |      | Section Number   | Township Number    | Range Number |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <b>Butler</b>   |          | <b>SE ¼ NE ¼ NE ¼</b>                           |      | <b>22</b>  | <b>T 23 S</b>      | <b>R 7 E</b> |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>111 E. Main St. Cassoday, KS 66842</b>  |          |   |      | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> <b>Cassoday Feed &amp; Seed Supply</b><br>RR#, St. Address, Box # : <b>111 E. Main Street</b><br>City, State, ZIP Code : <b>Cassoday, KS 67842</b>   |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>   |          | <b>4 DEPTH OF COMPLETED WELL</b> <b>8.0</b> ft. |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">             N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NW</td> <td style="padding: 2px;">NE</td> </tr> <tr> <td style="text-align: center; padding: 2px;">X</td> <td></td> </tr> <tr> <td style="padding: 2px;">SW</td> <td style="padding: 2px;">SE</td> </tr> </table>             S           </div>  |          | NW  | NE   | X  |                    | SW           | SE   | Depth(s) Groundwater Encountered <b>~5</b> ft. 2 ft. 3 ft.<br>WELL'S STATIC WATER LEVEL <b>92.27</b> ft. below land surface measured on mo/day/yr<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>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <b>10 Monitoring well</b> |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |          | NW  | NE   |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |          | X   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |          | SW  | SE   |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ ; If yes, mo/day/yr<br>Sample was submitted _____ Water Well Disinfected? Yes _____ No _____  |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____<br><b>2 PVC</b> 4 ABS 7 Fiberglass Threaded <b>X</b>   |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <b>2</b> in. to <b>8.0</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height below land surface <b>3.24</b> in., Weight _____ lbs./ft. Wall thickness or gauge No. _____   |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless steel 5 Fiberglass 7 <b>PVC</b> 9 ABS 11 Other (specify) _____<br>2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)  |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot 3 <b>Mill slot</b> 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____  |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN-PERFORATED INTERVALS:</b> From <b>3</b> ft. to <b>8</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.  |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>GRAVEL PACK INTERVALS:</b> From <b>2</b> ft. to <b>8</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.  |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other _____<br>Grout Intervals From <b>0</b> ft. to <b>2</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.   |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage <b>Other</b><br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <b>16 (specify below)</b><br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well <b>LUST Site</b><br>Direction from well? _____ How many feet? _____  |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td><b>0</b></td> <td><b>1</b></td> <td><b>Top Soil</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>1</b></td> <td><b>6</b></td> <td><b>Clay, silty</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>6</b></td> <td><b>8</b></td> <td><b>Weathered Limestone</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>8</b></td> <td><b>8</b></td> <td><b>Limestone, Auger Refusal</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |          |   |      |  |                    |              | FROM | TO  | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | <b>0</b> | <b>1</b> | <b>Top Soil</b> |  |  |  | <b>1</b> | <b>6</b> | <b>Clay, silty</b> |  |  |  | <b>6</b> | <b>8</b> | <b>Weathered Limestone</b> |  |  |  | <b>8</b> | <b>8</b> | <b>Limestone, Auger Refusal</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM  | TO       | LITHOLOGIC LOG                                  | FROM | TO   | PLUGGING INTERVALS |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>0</b>  | <b>1</b> | <b>Top Soil</b>                                 |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | <b>6</b> | <b>Clay, silty</b>                              |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6</b>  | <b>8</b> | <b>Weathered Limestone</b>                      |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>8</b>  | <b>8</b> | <b>Limestone, Auger Refusal</b>                 |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>05/10/07</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>594</b> . This Water Well Record was completed on (mo/day/year) <b>08/27/07</b><br>under the business name of <b>Coranco Great Plains, Inc.</b> by (signature) <i>[Signature]</i>  |          |   |      |  |                    |              |      |   |                |      |    |                    |          |          |                 |  |  |  |          |          |                    |  |  |  |          |          |                            |  |  |  |          |          |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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