

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

| | | | | |
|--|-----------------------------------|-----------------------------|----------------------------------|-------------------------------|
| 1 LOCATION OF WATER WELL: County: Allen | Fraction NW ¼ NW ¼ NW ¼ | Section Number 36 | Township Number T 24 S | Range Number R 18 E |
|--|-----------------------------------|-----------------------------|----------------------------------|-------------------------------|

Distance and direction from nearest town or city street address of well if located within city? **1201 East St., Iola, KS**

Global Positioning System (decimal degrees, min. of 4 digits)
 Latitude: N 37.92203°
 Longitude: W 95.39061°
 Elevation: 963.49 pin, 962.97 toc
 Datum: above mean sea level
 Data Collection Method: legal survey

2 WATER WELL OWNER: Crescent Oil Company
 RR#, St. Address, Box # : **PO Box 667**
 City, State, ZIP Code : **Independence, KS 67301**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

| | | | |
|---|----|----|---|
| N | | | |
| X | NW | NE | |
| W | | | E |
| | SW | SE | |
| | S | | |

4 DEPTH OF COMPLETED WELL 15 ft.

MW5

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **3.80** ft. below land surface measured on mo/day/yr **10/23/07**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ 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
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) **10** Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**; If yes, mo/day/yr
 Sample was submitted _____ Water Well Disinfected? Yes _____ No **X**

5 TYPE OF CASING USED:

| | | | | |
|--------------|------------|-------------------|-------------------------|--|
| 1 Steel | 3 RMP (SR) | 5 Wrought Iron | 8 Concrete tile | CASING JOINTS: Glued _____ Clamped _____ |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded _____ |
| | | 7 Fiberglass | | Threaded X |

Blank casing diameter **2** in. to **3** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height below land surface **0.52** ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | | |
|---------|--------------------|-----------------|--------------|--------------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | 7 PVC | 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 Guaze wrapped | 7 Torch cut | 9 Drilled holes | 11 None (open hole) |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped | 8 Saw Cut | 10 Other (specify) | |

SCREEN-PERFORATED INTERVALS: From **3** ft. to **15** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **2** ft. to **15** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3** Bentonite **4** Other cement, 0-1

Grout Intervals From **1** ft. to **2** 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 | |

Direction from well? **West** How many feet? **~ 75 ft**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|---|------|----|-----------------------------------|
| 0 | 1 | Gravel parking lot overlying silty clay, black, moist no odor, poor recovery | | | |
| 1 | 3 | Silty clay, black, moist, organic odor | | | |
| 3 | 5 | Silty clay, black, moist, no odor | | | |
| 8 | 10 | Clay, gray, mottled yellow-brown, moist, no odor | | | |
| 13 | 15 | Clay, gray, yellow-brown, wet, no odor | | | |
| | | | | | Flushmount waiver from BOW |

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) **10/23/07** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **757**. This Water Well Record was completed on (mo/day/year) **12/21/07**
 under the business name of **Larsen & Associates, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks 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.