

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: ALLEN	Fraction SW ¼ SW ¼ SW ¼ SW ¼	Section Number 2	Township No. T 25 S	Range Number R 18 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> .		Global Positioning System (GPS) information: Latitude: .39,893289..... (in decimal degrees) Longitude: .95,407940..... (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: STEVEN KINDLE RR#, Street Address, Box #: 1420 MISSOURI ROAD City, State, ZIP Code : IOLA, KANSAS 66749				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N S -----1 mile-----	4 DEPTH OF COMPLETED WELL 200 ft. <i>7-200' bores</i> Depth(s) Groundwater Encountered (1). 0 ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 0 ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm EST. YIELD. 0 gpm. Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter .5 5/8 in. to 200 ft., and in. to ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input checked="" type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <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) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well CLOSED LOOP Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5 TYPE OF CASING USED: Steel PVC Other: H.D. POLYETHYLENE.....
CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter 3/4 in. to 200 ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface.. 36 in., Weight SDR11 lbs./ft., Wall thickness or gauge No. 160 PSI.....
TYPE OF SCREEN OR PERFORATION MATERIAL: *None*
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: *None*
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From 200 ft. to 3 ft., From ft. to ft., From ft. to ft.
What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
 Direction from well Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	6	SOIL/CLAY 136-148 SHALE			
6	11	SANDSTONE 148-160 LIME			
11	14	LIME 160-163 SHALE			
14	16	SHALE 163-200 LIME			
16	54	LIME	200	3	7-200' BORES PLUGGED WITH HIGH SOLID BENTONITE
54	64	SHALE			
64	92	SANDY SHALE			
92	108	LIME			
108	132	SHALE			
132	136	LIME			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 12/23/2014..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 561..... This Water Well Record was completed on (mo/day/year) 12/29/2014..... under the business name of EVANS ENERGY DEVELOPMENT, INC..... by (signature) *[Signature]*

INSTRUCTIONS: 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 420, 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