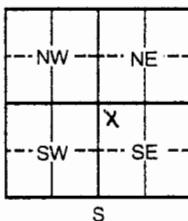


WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

| | | | | | | |
|---|--|--|---|--|---|-----------------------|
| 1 LOCATION OF WATER WELL: Fraction County: Butler NW $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$ | | | | Section Number 4 | Township Number T 26 S | Range Number R 5 E |
| Distance and direction from nearest town or city street address of well if located within city? 107 Hogoboom Dr. El Dorado, Kansas | | | | Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 37.81712° Longitude: W 96.88860° | | |
| 2 WATER WELL OWNER: KDHE-BER RR#, St. Address, Box #: 1000 SW Jackson City, State, ZIP Code : Topeka, Kansas 66612 | | | | Elevation: RIM: 1321.47 TOC: 1321.16 Datum: above mean sea level Data Collection Method: legal survey | | |
| 3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL 15 ft. MW8 | | | | | |
|  | Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 2.68 ft. below land surface measured on mo/day/yr 4/21/09 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: | 5 Wrought Iron 1 Steel ② PVC | 8 Concrete tile 6 Asbestos-Cement 4 ABS | CASING JOINTS: Glued Clamped Welded Threaded X | | | |
| Blank casing diameter | 2 in. to 3 ft., Dia | in. to ft., Dia | in. to ft. | | | |
| Casing height below land surface | 0.31 ft., Weight | lbs./ft. Wall thickness or gauge No. | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | |
| 1 Steel 2 Brass | 3 Stainless steel 4 Galvanized steel | 5 Fiberglass 6 Concrete tile 7 PVC 8 RM (SR) | 9 ABS 10 Asbestos-Cement | 11 Other (specify) 12 None used (open hole) | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | |
| 1 Continuous slot 2 Louvered shutter | 3 Mill slot 4 Key punched | 5 Gauze wrapped 6 Wire wrapped | 7 Torch cut 8 Saw Cut | 9 Drilled holes 10 Other (specify) | 11 None (open hole) 12 None used (open hole) | |
| 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 Grout Intervals | 2 Cement grout From 1 ft. to 2 ft. | 3 Bentonite From | 4 Other Concrete: 0-1 ft. ft. to ft. From ft. to ft. | | |
| What is the nearest source of possible contamination: | | | | | | |
| 1 Septic tank 2 Sewer lines 3 Watertight sewer lines | 4 Lateral lines 5 Cess pool 6 Seepage pit | 7 Pit privy 8 Sewage lagoon 9 Feedyard | 10 Livestock pens 11 Fuel storage 12 Fertilizer storage | 13 Insecticide Storage 14 Abandoned water well 15 Oil well/ gas well | 16 Other (specify below) | |
| Direction from well? E How many feet? ~315 | | | | | | |
| FROM | TO | LITHOLOGIC LOG | | FROM | TO | PLUGGING INTERVALS |
| 0 | 2 | Silty clay, brown, with coarse limestone gravel | | | | |
| 2 | 4 | Silty clay, brown, with coarse limestone gravel, increasing weathered limestone | | | | |
| 4 | 10 | Limestone, weathered, yellow brown | | | | |
| 10 | 15 | Limestone, brittle, yellow brown | | | | |
| 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) 4/20/09 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) 6/16/09 under the business name of <u>Larsen & Associates, Inc.</u> 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 new 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 . | | | | | | |