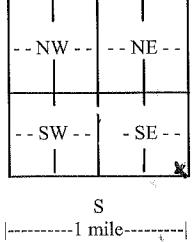


## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

<b>1 LOCATION OF WATER WELL:</b> County: BUTLER		Fraction $\frac{1}{4} SE \frac{1}{4} SE \frac{1}{4} SE \frac{1}{4}$	Section Number 8	Township No. T 26 S	Range Number R 5 <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 type="checkbox"/> .			<b>Global Positioning System (GPS) information:</b> Latitude: 37.795889 ..... (in decimal degrees) Longitude: -96.900417 ..... (in decimal degrees) Elevation: ..... Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27																								
<b>2 WATER WELL OWNER:</b> RR#, Street Address, Box #: P.O. BOX 1087 (PH-281-324-5921) City, State, ZIP Code : HUFFMAN, TX 77336			<b>Collection Method:</b> <input type="checkbox"/> GPS unit (Make/Model: .....) <input checked="" 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 checked="" type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																								
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N  W E S		<b>4 DEPTH OF COMPLETED WELL</b> ..... 28 ft. Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL ..... 9 ft. below land surface measured on mo/day/yr..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm EST. YIELD ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter ..... 10.75 in. to ..... 7.5 ..... ft. and ..... 6 ..... in. to ..... 28 ..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input 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 checked="" type="checkbox"/> Monitoring well MW-50 Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter ..... 2 in. to ..... 13 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... 0 in., Weight ..... lbs./ft., Wall thickness or gauge No. ..... SCH.40 <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"><input type="checkbox"/> Steel</td> <td style="width: 33.33%;"><input type="checkbox"/> Stainless Steel</td> <td style="width: 33.33%;"><input checked="" type="checkbox"/> PVC</td> <td colspan="2" style="width: 66.67%;"><input type="checkbox"/> Other (Specify) .....</td> </tr> <tr> <td><input type="checkbox"/> Brass</td> <td><input type="checkbox"/> Galvanized Steel</td> <td><input type="checkbox"/> None used (open hole)</td> <td colspan="2"></td> </tr> </table> <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"><input type="checkbox"/> Continuous slot</td> <td style="width: 33.33%;"><input checked="" type="checkbox"/> Mill slot</td> <td style="width: 33.33%;"><input type="checkbox"/> Gauze wrapped</td> <td style="width: 33.33%;"><input type="checkbox"/> Torch cut</td> <td style="width: 33.33%;"><input type="checkbox"/> Drilled holes</td> <td style="width: 33.33%;"><input type="checkbox"/> None (open hole)</td> </tr> <tr> <td><input type="checkbox"/> Louvered shutter</td> <td><input type="checkbox"/> Key punched</td> <td><input type="checkbox"/> Wire wrapped</td> <td><input type="checkbox"/> Saw cut</td> <td colspan="2"><input type="checkbox"/> Other (specify) .....</td> </tr> </table> <b>SCREEN-PERFORATED INTERVALS:</b> From ..... 28 ft. to ..... 13 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From ..... 20 ft. to ..... 11 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.						<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless Steel	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Other (Specify) .....		<input type="checkbox"/> Brass	<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> None used (open hole)			<input type="checkbox"/> Continuous slot	<input checked="" type="checkbox"/> Mill slot	<input type="checkbox"/> Gauze wrapped	<input type="checkbox"/> Torch cut	<input type="checkbox"/> Drilled holes	<input type="checkbox"/> None (open hole)	<input type="checkbox"/> Louvered shutter	<input type="checkbox"/> Key punched	<input type="checkbox"/> Wire wrapped	<input type="checkbox"/> Saw cut	<input type="checkbox"/> Other (specify) .....	
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<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... * High Solids Bentonite Grout Grout Intervals: From ..... 11 ft. to ..... 8 ft., From ..... 8 ft. to ..... 1 ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"><input type="checkbox"/> Septic tank</td> <td style="width: 33.33%;"><input type="checkbox"/> Lateral lines</td> <td style="width: 33.33%;"><input type="checkbox"/> Pit privy</td> <td style="width: 33.33%;"><input type="checkbox"/> Livestock pens</td> <td style="width: 33.33%;"><input type="checkbox"/> Insecticide storage</td> <td style="width: 33.33%;"><input type="checkbox"/> Other (specify below)</td> </tr> <tr> <td><input type="checkbox"/> Sewer lines</td> <td><input type="checkbox"/> Cesspool</td> <td><input type="checkbox"/> Sewage lagoon</td> <td><input checked="" type="checkbox"/> Fuel storage</td> <td><input type="checkbox"/> Abandoned water well</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Watertight sewer lines</td> <td><input type="checkbox"/> Seepage pit</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Fertilizer storage</td> <td><input type="checkbox"/> Oil well/gas well</td> <td></td> </tr> </table> Direction from well ..... South ..... Distance from well ..... ~100 ft.						<input type="checkbox"/> Septic tank	<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Insecticide storage	<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Cesspool	<input type="checkbox"/> Sewage lagoon	<input checked="" type="checkbox"/> Fuel storage	<input type="checkbox"/> Abandoned water well		<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer storage	<input type="checkbox"/> Oil well/gas well					
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FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																						
0	7.5'	Brown Silty Clay w/ some rock fragments																									
7.5'	28'	Weathered Limestone with some Chert																									
0	1'	8" Flush Mount Well Protector Completion w/ 2'x2'x1' Concrete Pad																									

**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) ..... 12/10/11 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 788 .... This Water Well Record was completed on (mo/day/year) ..... 1/6/12 ..... under the business name of ..... ROBERTS, ENV. DRILLING, INC. .... by (signature) ..... *Charles Roberts* .....

**INSTRUCTIONS:** Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.