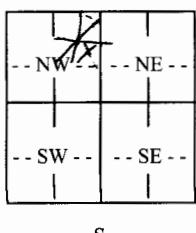


WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: County: <i>Butler</i>		Fraction: <i>SE 1/4 NE 1/4 NW 1/4</i>	Section Number: <i>34</i>	Township Number: <i>T 27 S</i>	Range Number: <i>R 3 E/W</i>
Distance and direction from nearest town or city street address of well if located within city? <i>3-M-W of Augusta</i>		Global Positioning Systems (decimal degrees, min. of 4 digits)			
2 WATER WELL OWNER: RR#, St. Address, Box # <i>9791 5th Santa Fe Lake Rd</i> City, State, ZIP Code <i>Augusta Kan 67010</i>		Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL ft.				
Depth(s) Groundwater Encountered (1) <i>125</i> ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr. Pump test data: Well water was ft. after hours pumping gpm Est. Yield <i>50</i> 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial <i>7</i> Domestic (lawn & garden) 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr's Sample was submitted Water well disinfected? Yes <input checked="" type="checkbox"/> No					
5 TYPE OF CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped Welded Threaded	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)		
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass		
Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No. <i>1/4</i>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> PVC	9 ABS	11 Other (Specify)
<input checked="" type="checkbox"/> 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 Gauzed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	<input checked="" type="checkbox"/> Saw cut	10 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: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other					
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
<input checked="" type="checkbox"/> Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide storage	16 Other (specify)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well below
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well
Direction from well? How many feet? <i>200</i>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<i>0</i>	<i>4</i>	<i>SOIL</i>			
<i>4</i>	<i>15</i>	<i>ROCK</i>			
<i>15</i>	<i>30</i>	<i>CLAY</i>			
<i>30</i>	<i>125</i>	<i>Shale + Lime</i>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <i>11/19/09</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>25</i> This Water Well Record was completed on (mo/day/year) <i>12/8/09</i> under the business name of <i>Winter Well Dr.</i> by (signature) <i>Charles Winter</i>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline 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/index.html .					