

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

|   |   |  |  |  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
|---|---|--|--|--|--|--|----------------------------|--------------------------------------|--|------------------------------------|--|--|--|---|--|--|---------------------------------------|---|------------------------------------|--|--------------------------------------|--|---|--|--------------------------------------|---------------------------------------|----------------------------------|--|--|
| <b>1 LOCATION OF WATER WELL:</b> County: <u>Butler</u> <u>SE 1/4 SE 1/4 NE 1/4 1/4</u>  |   | Number <u>30</u>   | T <u>27</u>                                    | S  | R <u>3</u>                                     | <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"/>  |   |  |  |  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| <b>2 WATER WELL OWNER:</b> <u>ALAN EASTRIDGE</u><br>RR#, Street Address, Box #: <u>10650 SKY MEADOWLARK RD.</u><br>City, State, ZIP Code <u>ANDOVER KS 67002</u>  |   | Global Positioning System (GPS) information:<br>Latitude: <u>31° 40.220'</u> (in decimal degrees)<br>Longitude: <u>97° 05.942'</u> (in decimal degrees)<br>Elevation: <u>1270</u><br>Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27<br>Collection Method:<br><input checked="" type="checkbox"/> GPS unit (Make/Model: <u>GARMIN GPSX</u> )<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <u>&lt;3 m</u> , <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m   |  |  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| <b>3 LOCATION</b><br><b>WELL</b><br><b>WELL</b><br><b>LOCATION</b><br>  |   | <b>4 DEPTH OF COMPLETED WELL</b> <u>50200</u> ft.<br>Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft.<br>WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr.<br>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm<br>EST. YIELD ..... gpm. Well water was ..... ft. after ..... hours pumping ..... gpm<br>Bore Hole Diameter ..... in. to ..... ft., and ..... in. to ..... ft.<br>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input checked="" type="checkbox"/> Geothermal <input type="checkbox"/> Injection well<br><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)<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well .....<br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, mo/day/yr sample was submitted .....<br>Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| <b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Other <u>POLYETHYLENE</u><br>CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter <u>3/4</u> in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface ..... in., Weight ..... lbs./ft., Wall thickness or gauge No. ....<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Steel</td> <td><input type="checkbox"/> Stainless Steel</td> <td><input type="checkbox"/> PVC</td> <td colspan="2"><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><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Continuous slot</td> <td><input type="checkbox"/> Mill slot</td> <td><input type="checkbox"/> Gauze wrapped</td> <td><input type="checkbox"/> Torch cut</td> <td><input type="checkbox"/> Drilled holes</td> <td><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><input type="checkbox"/> Other (specify) .....</td> <td></td> </tr> </table> <b>SCREEN-PERFORATED INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft. |   |  |  |  |  |  |                            | <input type="checkbox"/> Steel       | <input type="checkbox"/> Stainless Steel | <input 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 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) ..... |  |
| <input type="checkbox"/> Steel  | <input type="checkbox"/> Stainless Steel  | <input 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 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) ..... |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Septic tank</td> <td><input type="checkbox"/> Lateral lines</td> <td><input type="checkbox"/> Pit privy</td> <td><input type="checkbox"/> Livestock pens</td> <td><input type="checkbox"/> Insecticide storage</td> <td><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 type="checkbox"/> Fuel storage</td> <td><input type="checkbox"/> Abandoned water well</td> <td></td> </tr> <tr> <td><input checked="" 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 ..... <u>NORTH</u> ..... Distance from well ..... <u>75'</u> .....   |   |  |  |  |  |  |                            | <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 type="checkbox"/> Fuel storage | <input type="checkbox"/> Abandoned water well |                                    | <input checked="" 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 |                                      |                                       |                                  |  |  |
| <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 type="checkbox"/> Fuel storage          | <input type="checkbox"/> Abandoned water well  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| <input checked="" 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     |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| FROM  | TO  | LITHOLOGIC LOG   |  | FROM   | TO   | LITHO. LOG (cont.) or PLUGGING INTERVALS |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| 0   | 25  | <u>GRAVEL</u>  |  |  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| 25  | 130                                       | <u>SHALE/CLAY MIX</u>  |  |  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| 130   | 200                                       | <u>LIMESTONE</u>   |  |  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <u>10/1/2011</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>835</u> This Water Well Record was completed on (mo/day/year) <u>10/15/2011</u> under the business name of <u>Bascom Geothermal Drilling</u> by (signature) <u>Mark B. Smith</u>   |   |  |  |  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |
| <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .  |   |  |  |  |  |  |                            |                                      |  |                                    |  |  |  |   |  |  |                                       |   |                                    |  |                                      |  |   |  |                                      |                                       |                                  |  |  |