

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No. 

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Butler</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | Fraction <u>NE 1/4 NE 1/4 NW 1/4</u> |   | Section Number <u>19</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Township Number <u>T 28 S</u> |                | Range Number <u>R 3 E</u> |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                                      |   |                          | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> <u>D.J. Corbin</u><br>RR#, St. Address, Box # : <u>15165 SW. Queen's Lane RD,</u><br>City, State, ZIP Code : <u>Rose Hill, KS, 67133</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                      |   |                          | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>108</u> ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">             N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">W</td> <td style="width: 40px; text-align: center;">NW</td> <td style="width: 40px; text-align: center;">NE</td> <td style="width: 20px; text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">S</td> <td></td> </tr> </table> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                      |   |                          | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NW                            | NE             | E                         |   | X     |   |   |       | SW | SE |          |    | S  |             |    | Depth(s) Groundwater Encountered (1)..... <u>90</u> ..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>30</u> ..... ft. below land surface measured on mo/day/yr.....<br>Pump test data: Well water was.....ft. after..... hours pumping..... gpm<br>Est. Yield... <u>35</u> gpm: Well water was.....ft. after..... hours pumping..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <input checked="" type="radio"/> Domestic (lawn & garden) 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....; If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? Yes ..... No ..... |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NW  | NE                                   | E |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SW  | SE                                   |   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)<br><input checked="" type="radio"/> PVC 4 ABS 7 Fiberglass<br>Blank casing diameter ..... <u>5</u> ..... in. to ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface..... <u>12</u> ..... in., Weight..... <u>60</u> ..... lbs./ft. Wall thickness or gauge No. ....<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="radio"/> PVC 9 ABS 11 Other (Specify) .....<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <input checked="" type="radio"/> Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From..... <u>88</u> ..... ft. to ..... <u>108</u> ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From..... <u>20</u> ..... ft. to ..... <u>108</u> ..... ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft. |     |                                      |   |                          | <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other .....<br>Grout Intervals: From ..... <u>3</u> ..... ft. to ..... <u>20</u> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool <input checked="" type="radio"/> Sewage lagoon 11 Fuel storage 14 Abandoned water well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well<br>Direction from well? ..... <u>west</u> ..... How many feet? ..... <u>100</u> ..... |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 80%;">LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>4</td> <td>ceest</td> </tr> <tr> <td>4</td> <td>6</td> <td>gumbo</td> </tr> <tr> <td>6</td> <td>15</td> <td>red clay</td> </tr> <tr> <td>15</td> <td>75</td> <td>yellow clay</td> </tr> <tr> <td>75</td> <td>108</td> <td>shaley lime</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                      |   |                          | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO                            | LITHOLOGIC LOG | 0                         | 4 | ceest | 4 | 6 | gumbo | 6  | 15 | red clay | 15 | 75 | yellow clay | 75 | 108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | shaley lime |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 80%;">PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |  |  |  |  | FROM | TO | PLUGGING INTERVALS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TO  | LITHOLOGIC LOG                       |   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4   | ceest                                |   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6   | gumbo                                |   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15  | red clay                             |   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 75  | yellow clay                          |   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 108 | shaley lime                          |   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>4/24/07</u> ..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. .... <u>4923</u> ..... Water Well Record was completed on (mo/day/year) ..... <u>4/24/07</u> .....<br>under the business name of <u>Rosewood Drilling</u> by (signature) <u>Henry Rosewood</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                      |   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                      |   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                           |   |       |   |   |       |    |    |          |    |    |             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |