

WATER WELL RECORD <sup>SW NW NE SW</sup> Form WWC-5Division of Water Resources; App. No.  

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>SEDGWICK</u> Fraction <u>1/4</u> <u>8th</u> <u>1/4</u> <u>10th</u> <u>1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | Section Number<br><u>10</u>                                                                                                                                                | Township Number<br>T <u>29</u> S | Range Number<br>R <u>7</u> <u>EW</u> |                    |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city? <u>8439 S. ASH HAYVILLE, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | Global Positioning Systems (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>B &amp; C. CONST.</u><br>RR#, St. Address, Box # : <u>P.O. BOX 65</u><br>City, State, ZIP Code : <u>MULWANE, KS 67110</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                            |                                  |                                      |                    |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br><table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>W</td><td> </td><td> </td><td> </td><td>E</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>S</td><td> </td><td> </td><td> </td><td> </td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | W         |                                                                                                                                                                            |                                  |                                      | E                  |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  | S |  |          |           |                  | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>36</u> ..... ft.<br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>6</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>30</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><input checked="" type="radio"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well<br><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 <input checked="" type="checkbox"/> ..... No ..... |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 ..... <u>26</u> ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface ..... <u>12</u> ..... in., Weight ..... <u>2.19</u> ..... lbs./ft. Wall thickness or gauge No. .... <u>160</u> ..... PSI<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"/> 3 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>26</u> ..... ft. to ..... <u>36</u> ..... ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From ..... <u>20</u> ..... ft. to ..... <u>36</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"/> 3 Bentonite 4 Other .....<br>Grout Intervals: From ..... <u>2</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 8 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>W</u> ..... How many feet? .... <u>100</u> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                            |                                  |                                      |                    |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td><u>0</u></td><td><u>1</u></td><td><u>TOP SOIL</u></td><td></td><td></td><td></td></tr><tr><td><u>1</u></td><td><u>4</u></td><td><u>CLAY</u></td><td></td><td></td><td></td></tr><tr><td><u>4</u></td><td><u>15</u></td><td><u>FINE SAND</u></td><td></td><td></td><td></td></tr><tr><td><u>15</u></td><td><u>35</u></td><td><u>MEDIUM SAND</u></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                            |                                  |                                      | FROM               | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | <u>0</u> | <u>1</u> | <u>TOP SOIL</u> |  |  |  | <u>1</u> | <u>4</u> | <u>CLAY</u> |  |   |  | <u>4</u> | <u>15</u> | <u>FINE SAND</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | <u>15</u> | <u>35</u> | <u>MEDIUM SAND</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TO        | LITHOLOGIC LOG                                                                                                                                                             | FROM                             | TO                                   | PLUGGING INTERVALS |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>1</u>  | <u>TOP SOIL</u>                                                                                                                                                            |                                  |                                      |                    |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>4</u>  | <u>CLAY</u>                                                                                                                                                                |                                  |                                      |                    |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>15</u> | <u>FINE SAND</u>                                                                                                                                                           |                                  |                                      |                    |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>15</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>35</u> | <u>MEDIUM SAND</u>                                                                                                                                                         |                                  |                                      |                    |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-5-06</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) <u>12-10-06</u> under the business name of <u>WENINGER DRILLING INC.</u> by (signature) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                            |                                  |                                      |                    |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                                                                                                                                                            |                                  |                                      |                    |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |   |  |          |           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |           |           |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |