| WATER WELL RECORD Form WWC-5 | Division of Water Resources: App. No. |
|---|---|
| 1 LOCATION OF WATER WELL: Fraction County: Labette SW 1/4 SW 1/4 SE 1/4 | Section Number Township Number Range Number T 33 S R 21 F/W |
| Distance and direction from nearest town or city street address of well if | Global Positioning System (decimal degrees, min. of 4 digits) |
| located within city? | Latitude: N 37°09'52.8" |
| 902 6 th Street, Oswego KS 67356 | Longitude: W 95°06'38.7" |
| 2 WATER WELL OWNER: Crescent Oil Company | Elevation: 913.46 |
| RR#, St. Address, Box # : PO Box 667 | Datum: Above mean sea level |
| City, State, ZIP Code : Independence KS 67301 | Data Collection Method: legal survey |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL | 13 ft. Sitc ID: 00378239 MW4 |
| LOCATON | MW4 |
| WITH AN "X" IN Depth(s) Groundwater Encountered 1 | ft. 2 ft. 3 ft. ft. below land surface measured on mo/day/yr 1/5/07 |
| SECTION BOX: WELL'S STATIC WATER LEVEL 4.46 | ft. below land surface measured on mo/day/yr 1/5/07 |
| N Pump test data: Well water was | ft. after hours pumping gpm |
| Est. Yield gpm: Well water was | ft. after hours pumping gpm |
| WELL WATER TO BE USED AS: 5 Public | water supply 8 Air conditioning 11 Injection well |
| Domestic 3 Feed lot 6 Oil field water su | pply 9 Dewatering 12 Other (Specify below) & garden) 10 Monitoring well |
| W E 2 Irrigation 4 Industrial 7 Domestic (lawn | & garden) (10)Monitoring well |
| - sw sE | |
| | ted to Department? Yes No X; If yes, mo/day/yrs |
| Sample was submitted | Water Well Disinfected? Yes No X |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Con | rete tile CASING IOINTS: Glued Clamped |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other | r (gracify helaw) Walded |
| | m 1 1 |
| 2 PVC 4 ABS 7 Fiberglass | Threaded X |
| Blank casing diameter 2 in. to 3 ft., Dia | in. to m., Dia in. to m. |
| Blank casing diameter 2 in. to 3 ft., Dia Casing height below land surface 0.30 ft., Weight | lbs./ft. Wall thickness or gauge No. |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 | ADC 11 Other (specify) |
| 2 Proce 4 Columnized steel 6 Congress tile 9 PM (SP) 10 | Ashertos Cement 12 None used (open hole) |
| SCREEN OR PERFORATION OPENINGS ARE: | Aspestos-Cement 12 None used (open note) |
| 1 Continuous slot (3) Mill slot 5 Guaze wrapped 7 To | orch cut 9 Drilled holes 11 None (open hole) |
| 1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 To 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Sc SCREEN-PERFORATED INTERVALS: From 3 ft. to | w Cut 10 Other (specify) |
| SCREEN-PERFORATED INTERVALS: From 3 ft. to | 13 ft. From ft. to ft. |
| GRAVEL PACK INTERVALS: From 2 ft. to | ft. From ft. to ft. |
| GRAVEL PACK INTERVALS: From 2 ft. to | 13 ft. From ft. to ft. |
| From ft. to | ft. From ft. to ft. |
| 6 CDOUT MATERIAL 1 Next coment 2 Coment group 2 Po | ntonita (1)Other coment 0.12 |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Grout Intervals From 1 ft. to 2 ft. From What is the nearest source of possible contamination: | A to A From A to A |
| What is the person source of pessible contemination: | it. toit. |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Live | stock pens 13 Insecticide Storage 16 Other (specify |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) Fuel | |
| | liman stances 15 Oil well/ one well |
| i= | any feet? |
| | |
| FROM TO LITHOLOGIC LOG FRO | |
| 0 6 Clay, red/brown, moist, med plasticity | Flushmount waiver by D. Taylor |
| 6 11 Limestone, hard 11 13 Shale | |
| 11 13 Shale | |
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| | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: Th | is water well was (1) constructed. (2) reconstructed. or (3) plugged |
| under my jurisdiction and was completed on (mo/day/year) 1/3/07 and this record is true to the best of my knowledge and belief. | |
| Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 1/17/07 | |
| under the business name of Larsen & Associates, Inc. by (signature) | |
| INSTRUCTIONS: Please fill in blanks 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 | |
| | ie /x3-290-3322. Send one to WATER WELL DWINER and relain one for |