

**WATER WELL RECORD**

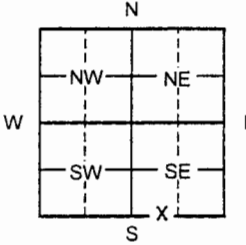
**Form WWC-5**

Division of Water Resources: App. No.  

|                                  |                       |                |                 |                   |
|----------------------------------|-----------------------|----------------|-----------------|-------------------|
| <b>1 LOCATION OF WATER WELL:</b> | Fraction              | Section Number | Township Number | Range Number      |
| County: <b>Labette</b>           | <b>SE ¼ SW ¼ SE ¼</b> | <b>16</b>      | <b>T 33 S</b>   | <b>R 21 E E/W</b> |

Distance and direction from nearest town or city street address of well if located within city?  
**902 6<sup>th</sup> Street, Oswego KS 67356**

**Global Positioning System** (decimal degrees, min. of 4 digits)  
 Latitude: N 37°09'52.7"  
 Longitude: W 95°06'34.3"  
 Elevation: 910.50  
 Datum: Above mean sea level  
 Data Collection Method: legal survey

|   |   |
|---|---|
| <b>2 WATER WELL OWNER:</b> <b>Crescent Oil Company</b><br>RR#, St. Address, Box # : <b>PO Box 667</b><br>City, State, ZIP Code : <b>Independence KS 67301</b> | <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">  </div> |
| <b>4 DEPTH OF COMPLETED WELL</b> <u>13</u> ft. <b>Site ID: 00378161</b><br><b>MW9</b>   |   |
| Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.  |   |
| WELL'S STATIC WATER LEVEL <u>4.04</u> ft. below land surface measured on <u>mo/day/yr 1/5/07</u>  |   |
| 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  |   |
| 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  |   |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <b>10</b> Monitoring well  |   |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr  |   |
| Sample was submitted _____ Water Well Disinfected? Yes _____ No <b>X</b>  |   |

**5 TYPE OF CASING USED:**

|              |            |                   |                         |  |
|--------------|------------|-------------------|-------------------------|--|
| 1 Steel      | 3 RMP (SR) | 6 Asbestos-Cement | 9 Other (specify below) | CASING JOINTS: Glued _____ Clamped _____ |
| <b>2</b> PVC | 4 ABS      | 7 Fiberglass      |                         | Welded _____ Threaded <b>X</b>           |

Blank casing diameter 2 in. to 3 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height below land surface 0.39 ft., Weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

|         |                    |                 |              |                    |                          |
|---------|--------------------|-----------------|--------------|--------------------|--------------------------|
| 1 Steel | 3 Stainless steel  | 5 Fiberglass    | <b>7</b> PVC | 9 ABS              | 11 Other (specify)       |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 8 RM (SR)    | 10 Asbestos-Cement | 12 None used (open hole) |

**SCREEN OR PERFORATION OPENINGS ARE:**

|                    |                    |                 |             |                    |                     |
|--------------------|--------------------|-----------------|-------------|--------------------|---------------------|
| 1 Continuous slot  | <b>3</b> Mill slot | 5 Gauze wrapped | 7 Torch cut | 9 Drilled holes    | 11 None (open hole) |
| 2 Louvered shutter | 4 Key punched      | 6 Wire wrapped  | 8 Saw Cut   | 10 Other (specify) |                     |

**SCREEN-PERFORATED INTERVALS:** From 3 ft. to 13 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**GRAVEL PACK INTERVALS:** From 2 ft. to 13 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:** 1 Neat cement 2 Cement grout **3** Bentonite **4** Other cement, 0-1'

Grout Intervals From 1 ft. to 2 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                          |                 |                 |                        |                         |                          |
|--------------------------|-----------------|-----------------|------------------------|-------------------------|--------------------------|
| 1 Septic tank            | 4 Lateral lines | 7 Pit privy     | 10 Livestock pens      | 13 Insecticide Storage  | 16 Other (specify below) |
| 2 Sewer lines            | 5 Cess pool     | 8 Sewage lagoon | <b>11</b> Fuel storage | 14 Abandoned water well |                          |
| 3 Watertight sewer lines | 6 Seepage pit   | 9 Feedyard      | 12 Fertilizer storage  | 15 Oil well/ gas well   |                          |

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

| FROM | TO  | LITHOLOGIC LOG                         | FROM | TO | PLUGGING INTERVALS             |
|------|-----|--|------|----|--------------------------------|
| 0    | 0.5 | Concrete                               |      |    | Flushmount waiver by D. Taylor |
| 0.5  | 4.5 | Clay, red/brown, moist, med plasticity |      |    |                                |
| 4.5  | 5   | Limestone                              |      |    |                                |
| 5    | 5.2 | Clay, red/brown, moist, med plasticity |      |    |                                |
| 5.2  | 11  | Limestone                              |      |    |                                |
| 11   | 13  | Shale                                  |      |    |                                |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was **1** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 1/4/07 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 785-296-3522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.