

Corrected 4-1-08

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Atchison</u>	Fraction <u>NE ¼ NW ¼ NE ¼</u>	Section Number <u>01</u>	Township Number <u>T 06 S</u>	Range Number <u>R 20 (E)</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1400 Skyway Drive, Atchison, KS</u>		Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>Wood Oil Co. - Mike Wood</u> RR#, St. Address, Box # : <u>PO BOX 67</u> City, State, ZIP Code : <u>Leavenworth, KS 66048</u>				

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>23.5'</u> ft.
	Depth(s) Groundwater Encountered 1 <u>~15'</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>16.23</u> ft. below land surface measured on mo/day/yr 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) (10 Monitoring well) _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____ Welded _____
(2 PVC)	4 ABS	7 Fiberglass	_____ Threaded <u>X</u>
Blank casing diameter <u>2</u> in. to <u>14</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface <u>4.44</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch. 40 PVC</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless steel	5 Fiberglass (7 PVC)	9 ABS
2 Brass	4 Galvanized steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		10 Asbestos-Cement	11 Other (specify) _____
1 Continuous slot	(3 Mill slot)	5 Guuze wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut
SCREEN-PERFORATED INTERVALS:		9 Drilled holes	11 None (open hole)
From <u>14</u> ft. to <u>24</u> ft.		10 Other (specify) _____	
GRAVEL PACK INTERVALS:			
From <u>12</u> ft. to <u>24</u> ft.			

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other _____

Grout Intervals From 1 ft. to 12 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	11 Fuel storage	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/ gas well	Lust Site

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Asphalt			
0.5	24	Clay			
					MW 4
					CORRECTED

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) 01/09/2008 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 594. This Water Well Record was completed on (mo/day/year) 02/20/2008 under the business name of Coranco Great Plains, Inc. by (signature) [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 your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell>.