

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL:
 County: Pottawatomie Fraction NR 1/4 NE 1/4 SE 1/4 Section Number 18 Township Number T 6 S Range Number R 8 E/W
 Distance and direction from nearest town or city street address of well if located within city? _____
Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 39.52848
 Longitude: 96.55970
 Elevation: 1166
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: JUAN JONES
 RR#, St. Address, Box # : 21860 FOURMILE RD
 City, State, ZIP Code : FRANKFORT, KS 66427

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
 N

| | | |
|--------|--|--------|
| | | |
| --NW-- | | --NE-- |
| | | |
| --SW-- | | --SE-- |
| | | |

 E
 S
4 DEPTH OF COMPLETED WELL 47 ft.
 Depth(s) Groundwater Encountered (1).....10..... ft. (2)..... _____ ft. (3)..... _____ ft.
 WELL'S STATIC WATER LEVEL.....6..... ft. below land surface measured on mo/day/yr 5/14/06
 Pump test data: Well water was..... _____ ft. after..... _____ hours pumping..... _____ gpm
 Est. Yield.....30.....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 Feedlot 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 X.....; If yes, mo/day/yr
 Sample was submitted..... Water well disinfected? Yes X..... No

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X..... Clamped.....
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
 2 PVC 4 ABS 7 Fiberglass Threaded.....
 Blank casing diameter... 6..... in. to 7..... ft., Diameter..... _____ in. to _____ ft., Diameter..... _____ in. to _____ ft.
 Casing height above land surface..... 24..... in., Weight..... _____ lbs./ft. Wall thickness or guage No. SDR 26
TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 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 Mill slot 5 Gauzed 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..... 7..... ft. to 27..... ft., From..... _____ ft. to _____ ft.
 From..... _____ ft. to _____ ft., From..... _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From..... 6..... ft. to 47..... ft., From..... _____ ft. to _____ ft.
 From..... _____ ft. to _____ ft., From..... _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From... 0..... ft. to 6..... 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 OPEN AREA
 Direction from well? How many feet?

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|-------------------------|------|----|--------------------|
| 0 | 10 | CLAY, DARK GRAY TO GRAY | | | |
| 10 | 18 | GRAVEL, COURSE | | | |
| 18 | 20 | CLAY | | | |
| 20 | 24 | LENSSTONE | | | |
| 24 | 34 | SHALE, GRAY | | | |
| 34 | 39 | LENSSTONE, WHITE | | | |
| 39 | 47 | SAND, GRAY | | | |

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) 5/14/06 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 5/14/06
 under the business name of ASSOCIATED UTILITIES, INC. by (signature) [Signature]

INSTRUCTIONS: 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 <http://www.kdheks.gov/waterwell/index.html>.