

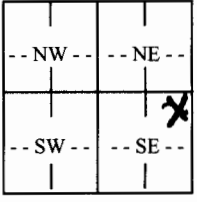
WATER WELL RECORD

Form WWC-5

Division of Water Resources, App. No.

1 LOCATION OF WATER WELL: County: <u>CLAY</u>	Fraction <u>NE 1/4 NE 1/4 SE 1/4</u>	Section Number <u>7</u>	Township Number T <u>7</u> S	Range Number R <u>4</u> <u>EW</u>
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: <u>39.45906</u> Longitude: <u>97.01747</u> Elevation: _____ Datum: <u>WGS 84</u> Data Collection Method: _____		

2 WATER WELL OWNER: Mr. Dan Legg
RR#, St. Address, Box # : 2345 Thunder Rd
City, State, ZIP Code : Clayton, KS. 67447

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S	4 DEPTH OF COMPLETED WELL <u>80</u> ft. Depth(s) Groundwater Encountered (1) <u>25</u> ft. (2) <u>65</u> ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on mo/day/yr. <u>8-21-09</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>30+</u> 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 <u>X</u> _____; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>X</u> No _____
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5 TYPE OF CASING USED:

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

Blank casing diameter 6 in. to 50 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface..... 27 in., Weight _____ lbs./ft. Wall thickness or gauge No. SAR 26

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<u>PVC</u>	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 <u>MILL ST</u>	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 50 ft. to 80 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 30 ft. to 80 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other

Grout Intervals: From 0 ft. to 30 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	<u>14 Abandoned water well</u>	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	15 Oil well/gas well	

Direction from well? EAST How many feet? 60

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	CLAY, BROWN	72	75	LIMESTONE BROKEN
15	25	SHALE, BROWN	75	80	SHALE, GRAY
25	27	LIMESTONE, BROKEN			
27	35	SHALE, BROWN, LIGHT			
35	46	SHALE, GRAY			
46	48	LIMESTONE			
48	55	SHALE, GRAY			
55	65	SANDSTONE			
65	68	LIMESTONE, BROKEN			
68	72	SHALE, 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) 8/21/09 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) 8/26/2010 under the business name of Associated Drilling 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>.