

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Pottawatomie</u>	Fraction <u>NE 1/4 SW 1/4 NE 1/4</u>	Section Number <u>12</u>	Township Number <u>T 8 S</u>	Range Number <u>R 9 E/W</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>39.37313</u> Longitude: <u>96.35756</u> Elevation: <u>1354</u> Datum: _____ Data Collection Method: <u>GPS WGS84</u>		

2 WATER WELL OWNER: Key Express - Jill Havercamp
RR#, St. Address, Box # : 1705 Commercial Cir. Suite 2
City, State, ZIP Code : Wamego, KS - 66547

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

N		E							
W	<table border="1" style="width: 100%; height: 100px;"> <tr> <td>--NW--</td> <td>--NE--</td> </tr> <tr> <td> </td> <td style="text-align: center;">X</td> </tr> <tr> <td>--SW--</td> <td>--SE--</td> </tr> </table>	--NW--	--NE--		X	--SW--	--SE--	S	
--NW--	--NE--								
	X								
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4 DEPTH OF COMPLETED WELL 200 ft.

Depth(s) Groundwater Encountered (1).....113..... ft. (2).....—..... ft. (3).....—..... ft.

WELL'S STATIC WATER LEVEL.....—..... ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was.....—..... ft. after.....—..... hours pumping.....—..... gpm

Est. Yield.....40..... 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 Geothermal

Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes No X

5 TYPE OF CASING USED:

5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
1 Steel	3 RMP (SR)	6 Asbestos-Cement
2 PVC	4 ABS	7 Fiberglass
		9 Other (specify below) <u>HDPE</u>
		Welded <u>X</u>
		Threaded.....

Blank casing diameter.....3/4 in. to 200..... ft., Diameter..... in. to ft., Diameter..... in. to ft.

Casing height below land surface.....60..... in., Weight..... lbs./ft. Wall thickness or gauge No. 5DR11

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	7 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	3 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..... ft. to ft., From..... ft. to ft.

GRAVEL PACK INTERVALS: From..... ft. to ft., From..... ft. to ft.

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

Grout Intervals: From 5..... ft. to 200..... 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	<u>16 Other (Specify below)</u>
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	<u>HOUSE</u>
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well	

Direction from well?.....SOUTH..... How many feet?.....14.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Soil	154	200	Shale, Gray
4	5	Limestone			
5	22	Shale, gray			
22	24	Limestone			1 - 200
24	85	Shale, gray to tan to red			
85	86	Limestone			2 - 185
86	113	Shale, green to gray			
113	115	Limestone <u>Hz</u>			2 - 170
115	150	Shale			
150	154	Limestone			

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) 3/4/2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 7100 This Water Well Record was completed on (mo/day/year) 6-10-2010 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 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>.