

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:
 County: Clay Fraction SW 1/4 SE 1/4 SE 1/4 Section Number 9 Township Number T 9 S Range Number R 4 EW
 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: 39.27840
 Longitude: 96.98381
 Elevation: 1268
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Mike Chaffee
 RR#, St. Address, Box # : 1121 Valley View Rd
 City, State, ZIP Code : Clay Center, KS 67432

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

| | | | |
|--------|--------|--|---|
| N | | | |
| --NW-- | --NE-- | | |
| W | | | E |
| --SW-- | --SE-- | | |
| S | | | |

4 DEPTH OF COMPLETED WELL 180 ft.
 Depth(s) Groundwater Encountered (1) 98 ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL 87 ft. below land surface measured on mo/day/yr. 10-3-2009
 Pump test data: Well water was _____ ft. after _____ hours pumping gpm
 Est. Yield 21.3 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
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 _____
PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing diameter 6 in. to 100 ft., Diameter. 120 in. to 180 ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 24 in., Weight _____ lbs./ft. Wall thickness or guage No. SAR26
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 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 100 ft. to 125 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 25 ft. to 120 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
SHALE PACKER @ 125

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 3 ft. to 25 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
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)
 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 | 24 | CLAY, BROWN | | | |
| 24 | 26 | LIMESTONE, TAN | | | |
| 26 | 56 | SHALE, RED | | | |
| 56 | 61 | LIMESTONE | | | |
| 61 | 94 | SHALE | | | |
| 94 | 105 | LIMESTONE, H ₂ O @ 98 | | | |
| 105 | 140 | SHALE, GRAY | | | |
| 140 | 143 | LIMESTONE | | | |
| 143 | 180 | SHALE, RED TO 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) 10-3-2009 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) 3-11-2010
 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>.