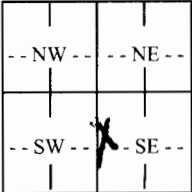


**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Riley</u>	Fraction <u>SW 1/4 NW 1/4 SE 1/4</u>	Section Number <u>1</u>	Township Number T <u>9</u> S	Range Number R <u>50</u> EW
Distance and direction from nearest town or city street address of well if located within city?		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>39.29529</u> Longitude: <u>96.82139</u> Elevation: _____ Datum: _____ Data Collection Method: <u>W6504</u>		
<b>2 WATER WELL OWNER:</b> <u>Groundsource Inc - Reaser</u> RR#, St. Address, Box # : <u>216 E. 5th St</u> City, State, ZIP Code : <u>Haldon, KS 66436</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N  W E S	<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>170</u> ..... ft. Depth(s) Groundwater Encountered (1) <u>50</u> ..... 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 <u>100+</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) <u>Weathering</u> 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> .....
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<b>5 TYPE OF CASING USED:</b> 1 Steel    3 RMP (SR)    6 Asbestos-Cement 2 PVC    4 ABS    7 Fiberglass	5 Wrought Iron    8 Concrete tile <u>Other (specify below)</u> <u>HDPE</u>	CASING JOINTS: Glued _____ Clamped _____ Welded <u>X</u> _____ Threaded _____
Blank casing diameter <u>3/4</u> in. to <u>1 1/2</u> ..... ft., Diameter: _____ in. to _____ ..... ft., Diameter _____ in. to _____ ..... ft. Casing height above land surface <u>48</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>SPTI</u>		
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 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)		
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot    3 Mill slot    5 Gauzed wrapped / <del>Torch cut</del> 9 Drilled holes    11 None (open hole) 2 Louvered shutter    4 Key punched    6 Wire wrapped    8 Saw cut    10 Other (specify) _____		
<b>SCREEN-PERFORATED INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

<b>6 GROUT MATERIAL:</b> Grout Intervals: From <u>4</u> ..... ft. to <u>170</u> ..... ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.	1 Neat cement    2 Cement grout <u> Bentonite</u> 4 Other _____	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) <u>HOUSE</u> 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
Direction from well? <u>SOUTH</u>		How many feet? <u>20</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Soil			
3	10	Limestone, Fractured			
10	46	Shale, gray			
46	60	Limestone H <sub>2</sub> O @ 50			
60	87	Shale, gray			
87	91	Limestone			3 holes to 170
91	131	Shale, gray			
131	132	Limestone			
132	170	Shale, gray			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was reconstructed (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5/11/2010 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) 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 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>.