

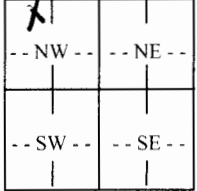
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources; App. No.  

|   |                                      |   |                                  |                                 |
|---|--------------------------------------|---|----------------------------------|---------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Ellis</u>  | Fraction<br><u>1/4 NW 1/4 NW 1/4</u> | Section Number<br><u>29</u>   | Township Number<br>T <u>13 S</u> | Range Number<br>R <u>18 E/W</u> |
| 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)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                                  |                                 |

**2 WATER WELL OWNER:** Jim Braun  
RR#, St. Address, Box # : 3810 Post Road  
City, State, ZIP Code : Hays, Ks. 67601

|   |  |
|---|--|
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br><br>W<br>E<br>S | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>92</u> ft.<br>Depth(s) Groundwater Encountered (1) <u>61</u> ..... ft. (2) ..... ft. (3) ..... ft.<br>WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr. ....<br>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm<br>Est. Yield <u>50</u> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply    8 Air conditioning    11 Injection well<br>1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)<br>2 Irrigation    4 Industrial <u>7 Domestic (lawn &amp; garden)</u> 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....; If yes, mo/day/yr Sample was submitted. .... Water well disinfected? Yes ..... No <input checked="" type="checkbox"/> ..... |
|---|--|

**5 TYPE OF CASING USED:** 5 Wrought Iron    8 Concrete tile    CASING JOINTS: Glued  Clamped .....  
1 Steel    3 RMP (SR)    6 Asbestos-Cement    9 Other (specify below)    Welded .....  
2 PVC    4 ABS    7 Fiberglass    .....    Threaded .....  
Blank casing diameter ..... 5 ..... in. to 92 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... 14 ..... in., Weight ..... 160 ..... lbs./ft.    Wall thickness or gauge No. 5.DR.26 .....  
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 92 ..... ft. to 72 ..... ft., From ..... ft. to ..... ft.  
From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
GRAVEL PACK INTERVALS: From 92 ..... ft. to 60 ..... 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 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 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  
Direction from well? WEST ..... How many feet? 50 .....

| FROM | TO | LITHOLOGIC LOG                   | FROM | TO | PLUGGING INTERVALS |
|------|----|----------------------------------|------|----|--------------------|
| 0    | 5  | TOP SOIL                         |      |    |                    |
| 5    | 16 | CLAY                             |      |    |                    |
| 16   | 23 | SAND                             |      |    |                    |
| 23   | 58 | CLAY W/ SOME LIMESTONE           |      |    |                    |
| 58   | 61 | CLAY & SAND                      |      |    |                    |
| 61   | 72 | CLAY & GRAVEL                    |      |    |                    |
| 72   | 84 | SAND & GRAVEL                    |      |    |                    |
| 84   | 84 | <del>CLAY</del> LIMESTONE & SAND |      |    |                    |
| 84   | 92 | SHALE                            |      |    |                    |

**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) 9/4/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 478 ..... This Water Well Record was completed on (mo/day/year) 9/4/09 ..... under the business name of BAN INDUSTRIAL WATER WELL by (signature) [Signature]

**INSTRUCTIONS:** Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline & 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>.