| WATER WELL RECORD | | Form WWC-5 | | D | Division of Water Resources App. No. | | | |
|--|---|---------------|--------|------------|---|--------------------|-----------------------------|--|
| 1 LOCATION OF WATI County: JOHNSON | LOCATION OF WATER WELL: County: JOHNSON | | J/54) | Secti 4 | ion Number 32 | Township No. T 4 S | Range Number R ≥ 3 ⊠E □W | |
| Street/Rural Address of Well Location; if unknown, distance & direction | | | | | al Positioning | System (GPS) in | formation: | |
| from nearest town or intersection: If at owner's address, check here []. | | | | | Latitude:3.8 | | | |
| | | | | | Longitude:?.4 | | | |
| | | | | | Elevation: | | | |
| 2 WATER WELL OWNER: GLEN PANNELL | | | | | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 Collection Method: | | | |
| RR#, Street Address, Box #: 18925 CEDAR NILES | | | | | GPS unit (Make/Model:) | | | |
| City State 7ID Code | | | | | Digital Map/Photo, Topographic Map, Land Survey | | | |
| | GARB | ver. Ks. | 66632 | Est. | Accuracy: | 3 m, 🔲 3-5 m, 🔲 | 5-15 m, □>15 m | |
| 3 LOCATE WELL | | • | | | | | | |
| WITH AN "X" IN 4 SECTION BOX: I | DEPTH OF C | COMPLETED WEL | L | | tt. | . 200 201.20 | 2) 0 | |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | | | | | |
| N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | | |
| ECT VIELD 0 Well-meter mee | | | | | | | | |
| W NW - - NE - EST FIELD Wgpm. Well water was | | | | | | | | |
| WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well | | | | | | | | |
| | | | | | | | | |
| SW - -SE - | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes V No | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | |
| Water well disinfected? ☐ Yes ☑ No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other H.D. POLYETHYLENE | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded FUSION | | | | | | | | |
| Casing diameter3/4 in. to .200 | | | | | | | | |
| Casing height above land surface 36 in., Weight SDR11 lbs./ft., Wall thickness or gauge No. 160PSI | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: NONE | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: NONE Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) | | | | | | | | |
| Continuous stot Mili stot Gauze wrapped Torch cut Diffied notes None (open note) Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | |
| | | From | ft. to | | ft., From | ft. 1 | to ft. | |
| GRAVEL PACK I | NTERVALS: | From | ft. to | | ft., From | ft. 1 | to ft. | |
| | | From | ft. to | | ft., From | ft. 1 | to ft. | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Grout Intervals: From .200 ft. to .3 ft., From ft. to ft., From ft. to ft. | | | | | | | | |
| What is the nearest source o | t possible conta | mination: | □ r : | | □ . | | | |
| ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify location) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well | | | | | | er (specify below) | | |
| Sewer lines | | | | | | | | |
| Direction from well | | | | | | | | |
| FROM TO | LITHOLOG | | FROM | ТО | | | GGING INTERVALS | |
| 0 8 SOIL/CL/ | AY 171-184 | LIME | | | | | | |
| 8 16 SHALE | 184-186 | | | | | | | |
| 16 23 LIME | 186-190 | | | | | | | |
| 23 31 SHALE | 190-200 | | | | | | | |
| 31 47 LIME | | | 200 | 3 | 4-200' BOF | RES PLUGGED | WITH | |
| 47 65 SHALE | | | | | HIGH SOL | ID BENTONITE | | |
| 65 85 LIME | | | | | | | | |
| 85 152 SHALE | | | | | | | | |
| 152 157 LIME | | | | | | | | |
| 157 171 SHALE | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 🗸 constructed, 🗆 reconstructed, or 🗸 plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .04/09/20.15 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No. 561 This Water Well Record was completed on (mo/day/year) 04/09/2015 under the business name of EVANS ENERGY DEVELOPMENT, INC by (signature) | | | | | | | | |
| under the business name of | EXANS.ENE | KGY NEVELORME | NI.INC | by (| signature | LADG. | | |
| INSTRUCTIONS: Use typewrite Kansas Denartment of F | | | | | | | | |
| Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at | | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html | | | | | | | | |