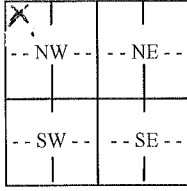


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

9501

1 LOCATION OF WATER WELL: County: GREELY		Fraction ¼ NW ¼ NW ¼ Lot { ¼		Section Number 18		Township No. T 16 S		Range Number R 39 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																													
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> . 14 Miles North and 4 miles east of Tribune Kansas				Global Positioning System (GPS) information: Latitude: N 38.66719..... (in decimal degrees) Longitude: W 101.67772..... (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																																	
2 WATER WELL OWNER: LA & Mariorie Peter RR#, Street Address, Box #: Box 214 City, State, ZIP Code : Tribune Kansas 67879																																																																					
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <div style="text-align: center;">  </div> S -----1 mile-----		4 DEPTH OF COMPLETED WELL 240..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 178..... ft. below land surface measured on mo/day/yr. 9-24-11..... Pump test data: Well water was 195..... ft. after 2..... hours pumping 235..... gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter 17.5..... in. to 240..... ft., and in. to ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																			
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 8"..... in. to 240..... ft., Diameter in. to ft. Casing height above land surface 12..... in., Weight 2.902..... lbs./ft., Wall thickness or gauge No. 265..... TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) SCREEN-PERFORATED INTERVALS: From 170..... ft. to 210..... ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 25..... ft. to 232..... ft., From ft. to ft. From ft. to ft., From ft. to ft.																																																																					
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From 5..... ft. to 25..... ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well None observed Direction from well Distance from well																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr><td>0</td><td>68</td><td>Brown Sandy Clay</td><td></td><td></td><td></td></tr> <tr><td>68</td><td>86</td><td>Fine To Med Gravel</td><td></td><td></td><td></td></tr> <tr><td>86</td><td>106</td><td>Sandy Clay Some Sand Mix</td><td></td><td></td><td></td></tr> <tr><td>106</td><td>122</td><td>Fine To Med Sand</td><td></td><td></td><td></td></tr> <tr><td>122</td><td>141</td><td>Sandy Clay</td><td></td><td></td><td></td></tr> <tr><td>141</td><td>173</td><td>Fine to Med Sand</td><td></td><td></td><td></td></tr> <tr><td>173</td><td>202</td><td>Fine To Med Gravel</td><td></td><td></td><td></td></tr> <tr><td>202</td><td>221</td><td>Yellow Clay</td><td></td><td></td><td></td></tr> <tr><td>221</td><td>241</td><td>Black Shale</td><td></td><td></td><td></td></tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	68	Brown Sandy Clay				68	86	Fine To Med Gravel				86	106	Sandy Clay Some Sand Mix				106	122	Fine To Med Sand				122	141	Sandy Clay				141	173	Fine to Med Sand				173	202	Fine To Med Gravel				202	221	Yellow Clay				221	241	Black Shale			
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																																																																
0	68	Brown Sandy Clay																																																																			
68	86	Fine To Med Gravel																																																																			
86	106	Sandy Clay Some Sand Mix																																																																			
106	122	Fine To Med Sand																																																																			
122	141	Sandy Clay																																																																			
141	173	Fine to Med Sand																																																																			
173	202	Fine To Med Gravel																																																																			
202	221	Yellow Clay																																																																			
221	241	Black Shale																																																																			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145..... This Water Well Record was completed on (mo/day/year) 10/22/11 under the business name of HYDRO RESOURCES..... by (signature) <i>Dan J. Kucharski</i>																																																																					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 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 .																																																																					