

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Scott</u>	Fraction <u>1/4 SE 1/4 SW 1/4</u>	Section Number <u>14</u>	Township Number T <u>18</u> S	Range Number R <u>31</u> E/W
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: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		

2 WATER WELL OWNER: Agridyne LLC
RR#, St. Address, Box # : P.O. Box 7510
City, State, ZIP Code : Springfield IL 62791

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td>--NW--</td><td>--NE--</td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>--SW--</td><td>--SE--</td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> S				--NW--	--NE--					--SW--	--SE--					4 DEPTH OF COMPLETED WELL <u>132</u> ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... <u>8.16"</u> ft. below land surface measured on mo/day/yr... <u>7-7-08</u> . Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield. <u>34</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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No
--NW--	--NE--															
--SW--	--SE--															

5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped.....
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter 10 in. to 132 ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface 12 in., Weight lbs./ft. Wall thickness or guage No. 200 psi

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless Steel	5 Fiberglass	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Saw Cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From..... 10.2 ft. to 132 ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From..... 25 ft. to 132 ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 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: none

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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	top soil	132	138	yellow shale
2	27	brown clay	138		black shale
27	45	gypsum			
45	47	sandy brown clay			
47	70	coarse sand, small gravel, cemented streaks			
70	87	fine to med. sand, few clay streaks			
87	94	medium sand, brown clay streaks			
94	102	coarse sand, white broken rock, brown clay mixed			
102	113	coarse sand			
113	132	light brown clay, few sand streaks			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ... 7-7-08 ... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. ... 532 ... This Water Well Record was completed on (mo/day/year) ... 8-12-08 ... under the business name of Midwest Well & Pump Inc by (signature) John Saubert

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>.