

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

WW080627

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                         |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
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| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Barton</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | Fraction<br><u>NW 1/4 NW 1/4 NE 1/4</u> | Section Number<br><u>29</u>                                                                                                                                                | Township Number<br><u>T 19 S</u> | Range Number<br><u>R 13 <del>XX</del>W</u> |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>2907 26th, Great Bend</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                         | Global Positioning Systems (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>2 WATER WELL OWNER:</b> <u>Scott Redding</u><br>RR#, St. Address, Box # : <u>3208 Broadway</u><br>City, State, ZIP Code : <u>Great Bend, Ks. 67530</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                         |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br>W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td><b>X</b></td><td></td></tr><tr><td>-- NW --</td><td></td><td>-- NE --</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</td><td></td></tr></table> E<br>S                                                                                                                                                                                                                                                                                                                                  |    |                                         |                                                                                                                                                                            | <b>X</b>                         |                                            | -- NW -- |  | -- NE -- |  |  |  |  |  | -- SW -- |  | -- SE -- |  | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>60</u> ..... ft.<br><br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>13</u> ..... ft. below land surface measured on mo/day/yr. <u>4-15-08</u> ..<br>Pump test data: Well water was..... ft. after..... hours pumping..... gpm<br>Est. Yield. <u>N/A</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 7 <u>Domestic (lawn &amp; garden)</u> 10 Monitoring well ..... |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | <b>X</b>                                |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| -- NW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | -- NE --                                |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
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| -- SW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | -- SE --                                |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....; If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? Yes <u>HTH</u> No .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                         |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... <u>X</u> .. Clamped.....<br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....<br>2 <u>PVC</u> 4 ABS 7 Fiberglass ..... Threaded.....<br>Blank casing diameter ..... in. to ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface..... <u>24</u> ..... in., Weight <u>SDR-26</u> lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                           |    |                                         |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass 7 <u>PVC</u> 9 ABS 11 Other (Specify) .....<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 <u>Saw Cut</u> 10 Other (specify) .....                                                                                                                                                                                                                                                     |    |                                         |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| SCREEN-PERFORATED INTERVALS: From..... <u>60</u> ..... ft. to ..... <u>40</u> ..... ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From..... <u>60</u> ..... ft. to ..... <u>13</u> ..... ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                |    |                                         |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ..... <u>hole plug</u> .....<br>Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... <u>13</u> ..... ft. to ..... <u>0</u> ..... ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well .....<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well ..... <u>House</u> .....<br>Direction from well? ... <u>West</u> ..... How many feet? ... <u>7</u> ..... |    |                                         |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| FROM TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | LITHOLOGIC LOG                          | FROM TO                                                                                                                                                                    |                                  | PLUGGING INTERVALS                         |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3  | Top soil                                |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10 | Clay                                    |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 31 | Sand & gravel                           |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 34 | Clay                                    |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 52 | Sand & gravel                           |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 52 <del>XX</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 55 | Clay                                    |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 65 | Sand & gravel with few clay streaks     |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .... <u>4-15-08</u> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... <u>134</u> ..... This Water Well Record was completed on (mo/day/year) ... <u>4-18-08</u> ..... under the business name of <u>Rosencrantz- Bemis</u> by (signature) <u>Gora Alon</u>                                                                                                                                                                                                     |    |                                         |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>INSTRUCTIONS:</b> 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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                    |    |                                         |                                                                                                                                                                            |                                  |                                            |          |  |          |  |  |  |  |  |          |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |

KSA 82a-1212