65 10581 DW 1-10

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. Temporary Permit 20100480

1 LOCATION OF WATER WELL: County: Barton | Fraction: 1/4 NW 1/4 SE 1/4 SW 1/4 | Section Number: 28 | Township No.: T 19 S | Range Number: R 13 ☐ E ☒ W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐

At 2166 Lakin Ave., Great Bend

Global Positioning System (GPS) information:

Latitude: 38.364445 (in decimal degrees)

Longitude: -98.767348 (in decimal degrees)

Elevation: unknown

Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27

Collection Method:

☒ GPS unit (Make/Model: WAAS)

☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey

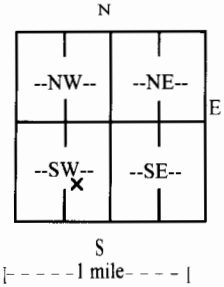
Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: Stueder Contractors, Inc.

RR#, Street Address, Box #: 3410 10th Street

City, State, ZIP Code : Great Bend, KS 67530

3 LOCATE WELL WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 33 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 9.49 ft. below land surface measured on mo/day/yr 12/15/10

Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm

EST. YIELD unknown gpm. Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 9 in. to 35 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well

☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☒ Other (Specify below)

☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Dewatering

Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No

If yes, mo/day/yr sample was submitted _____

Water well disinfected? ☒ Yes ☐ No

5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____

CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded

Casing diameter 5 in. to 11 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 24 in., Weight 2.36 lbs./ft., Wall thickness or gauge No. .214

TYPE OF SCREEN OR PERFORATION MATERIAL:

☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____

☐ Brass ☐ Galvanized Steel ☐ None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)

☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 11 ft. to 31 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 9 ft. to 35 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other Compacted Soil

Grout Intervals: From _____ ft. to _____ ft., From 3 ft. to 9 ft., From 0 ft. to 3 ft.

What is the nearest source of possible contamination:

☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)

☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well None known

☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well

Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Topsoil			NOTE: Verbal approval of grout variance by
5	9	Clay, dark gray, soft			Mike Cochran on 12/15/10.
9	35	Sand, coarse to very fine, loose, with			
		gravel, fine to medium, thin clay streaks,			
		brown, at 26' and 34'			

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) 12/15/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 12/21/10 under the business name of Clarke Well & Equipment, Inc. by (signature) _____

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.

KSA 82a-1212

Check: ☒ White Copy, ☐ Blue Copy, ☐ Pink Copy