

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

| <b>1 LOCATION OF WATER WELL:</b><br>County: Barton<br>Fraction SE 1/4 NE 1/4 SE 1/4 (SE) 1/4<br>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"/><br>166'S x 30'W of Eisenhower Ave and S Patton Rd intersection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Section Number<br/>25</td> <td style="width: 25%;">Township No.<br/>T 19 S</td> <td style="width: 25%;">Range Number<br/>R 14</td> <td style="width: 25%; text-align: right;"> <input type="checkbox"/> E <input checked="" type="checkbox"/> W         </td> </tr> </table> <b>Global Positioning System (GPS) information:</b><br>Latitude: 38.364096 (in decimal degrees)<br>Longitude: 98.811469 (in decimal degrees)<br>Elevation: 1866<br>Datum: <input type="checkbox"/> WGS 84. <input type="checkbox"/> NAD 83. <input type="checkbox"/> NAD 27<br>Collection Method:<br><input type="checkbox"/> GPS unit (Make/Model: _____)<br><input checked="" type="checkbox"/> Digital Map/Photo. <input type="checkbox"/> Topographic Map. <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> <3 m. <input type="checkbox"/> 3-5 m. <input type="checkbox"/> 5-15 m. <input type="checkbox"/> >15 m                                                                                                                                                                                                                              |                                                                  | Section Number<br>25 | Township No.<br>T 19 S                   | Range Number<br>R 14 | <input type="checkbox"/> E <input checked="" type="checkbox"/> W |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
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| Section Number<br>25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Township No.<br>T 19 S | Range Number<br>R 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> E <input checked="" type="checkbox"/> W |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
| <b>2 WATER WELL OWNER:</b> US EPA Region 7<br>RR#, Street Address, Box #: 11201 Renner Blvd.<br>City, State, ZIP Code: Lenexa, KS 66219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | (Continued from Section 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
| <b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div> <p style="text-align: center;">S<br/>-----1 mile-----</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | <b>4 DEPTH OF COMPLETED WELL 59</b> ft.<br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....<br>Pump test data: Well water was..... ft. after..... hours pumping..... gpm<br>EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm<br>Bore Hole Diameter..... in. to..... ft., and..... in. to..... ft.<br>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well<br><input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well MW-30-I<br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, mo/day/yr sample was submitted.....<br>Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                  |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
| <b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other.....<br>CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded<br>Casing diameter 2.375 in. to..... ft. Diameter..... in. to..... ft. Diameter..... in. to..... ft.<br>Casing height above land surface -6 in. Weight..... lbs./ft. Wall thickness or gauge No. SCH 40 PVC<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify).....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br><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)<br><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).....<br>SCREEN-PERFORATED INTERVALS: From 49 ft. to 59 ft. From..... ft. to..... ft.<br>GRAVEL PACK INTERVALS: From 45 ft. to 59 ft. From..... ft. to..... ft.<br>From..... ft. to..... ft. From..... ft. to..... ft. |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
| <b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other.....<br>Grout Intervals: From 3 ft. to 40 ft. From..... ft. to..... ft. From..... ft. to..... ft.<br>What is the nearest source of possible contamination:<br><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)<br><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<br><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<br>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>4</td> <td>Silty Clay, Dk. Brown, Soft</td> <td></td> <td></td> <td>Coarse Grained, Wet, Some Gravel,</td> </tr> <tr> <td></td> <td></td> <td>Low Plasticity, Moist, Fine Sand</td> <td></td> <td></td> <td>Silt, and Clay</td> </tr> <tr> <td>4</td> <td>11</td> <td>Sand, Tan, Loose, Well Graded</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Fine Grained, Moist, Some</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Silt and Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11</td> <td>32</td> <td>Sand, Tan, Loose, Well Graded</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Med. Grained, Moist, Some Fine</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Gravel, Clay, and Silt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>32</td> <td>42</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td>63</td> <td>Sand, Tan, Loose, Well Graded</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | FROM                 | TO                                       | LITHOLOGIC LOG       | FROM                                                             | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | 0 | 4 | Silty Clay, Dk. Brown, Soft |  |  | Coarse Grained, Wet, Some Gravel, |  |  | Low Plasticity, Moist, Fine Sand |  |  | Silt, and Clay | 4 | 11 | Sand, Tan, Loose, Well Graded |  |  |  |  |  | Fine Grained, Moist, Some |  |  |  |  |  | Silt and Clay |  |  |  | 11 | 32 | Sand, Tan, Loose, Well Graded |  |  |  |  |  | Med. Grained, Moist, Some Fine |  |  |  |  |  | Gravel, Clay, and Silt |  |  |  | 32 | 42 | Clay |  |  |  | 42 | 63 | Sand, Tan, Loose, Well Graded |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO                     | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FROM                                                             | TO                   | LITHO. LOG (cont.) or PLUGGING INTERVALS |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
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| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11                     | Sand, Tan, Loose, Well Graded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
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| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 32                     | Sand, Tan, Loose, Well Graded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
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| 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 42                     | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
| 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 63                     | Sand, Tan, Loose, Well Graded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) 08/22/2013 and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 604..... This Water Well Record was completed on (mo/day/year) 09/13/2013<br>under the business name of TSI by (signature) <i>James R. Kelly</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |
| <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                      |                                          |                      |                                                                  |    |                                          |   |   |                             |  |  |                                   |  |  |                                  |  |  |                |   |    |                               |  |  |  |  |  |                           |  |  |  |  |  |               |  |  |  |    |    |                               |  |  |  |  |  |                                |  |  |  |  |  |                        |  |  |  |    |    |      |  |  |  |    |    |                               |  |  |  |