

**WATER WELL RECORD Form WWC-5**

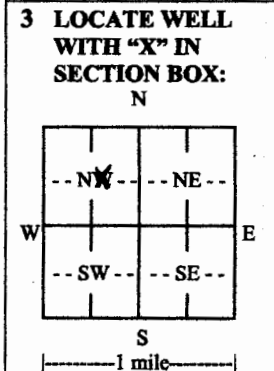
Division of Water Resources App. No.

Well ID MW-11

Original Record  Correction  Change in Well Use

**1 LOCATION OF WATER WELL:**  
 County: McPherson      Fraction SE ¼ SW ¼ NE ¼ NW ¼      Section Number 29      Township Number T 19 S      Range Number R 3  E  V

**2 WELL OWNER:** Last Name: First:      Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:   
 Business: DC Investment Properties, LLC      Address: 5504 Sugar Hill Drive      1015 West Woodside, McPherson, Ks.  
 Address:      City: Houston      State: TX      ZIP: 77056



**4 DEPTH OF COMPLETED WELL:** ..... 110 ..... ft.  
 Depth(s) Groundwater Encountered: 1) ..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well  
**WELL'S STATIC WATER LEVEL:** ..... 90.00 ..... ft.  
 below land surface, measured on (mo-day-yr) 8-16-2020  
 above land surface, measured on (mo-day-yr) .....  
 Pump test data: Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Well water was ..... ft.  
 after ..... hours pumping ..... gpm  
 Estimated Yield: ..... gpm  
 Bore Hole Diameter: ..... 7.5 ..... in. to ..... 110 ..... ft. and  
 ..... in. to ..... ft.

**5 Latitude:** ..... 38.3734115 ..... (decimal degree)  
**Longitude:** ..... -97.6793458 ..... (decimal degree)  
 Horizontal Datum:  WGS 84  NAD 83  NAD  
 Source for Latitude/Longitude:  
 GPS (unit make/model): .....  
 (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** 1493.25 ..... ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic M  
 Other .....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. <input type="checkbox"/> Irrigation	3. <input type="checkbox"/> Feedlot	4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	8. <input checked="" type="checkbox"/> Monitoring: well ID MW-11	9. Environmental Remediation: well ID .....	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease .....	11. Test Hole: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores? .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input type="checkbox"/> Other (specify): .....
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Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....  
 Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other ..... CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter ..... 2 ..... in. to ..... 90 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 0 ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. sch 80

**TYPE OF SCREEN OR PERFORATION MATERIAL:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)

**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

**SCREEN-PERFORATED INTERVALS:** From 90 ..... ft. to 110 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From 87 ..... ft. to 110 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From 0 ..... ft. to 87 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**  
 Septic Tank       Lateral Lines       Pit Privy       Livestock Pens       Insecticide Storage  
 Sewer Lines       Cess Pool       Sewage Lagoon       Fuel Storage       Abandoned Water Well  
 Watertight Sewer Lines       Seepage Pit       Feedyard       Fertilizer Storage       Oil Well/Gas Well  
 Other (Specify) .....

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVAL
0	15.0	Clay, dark brown to red brown, firm, moist			coarse, wet
15.0	20.5	Sandy Clay, tan to red brown, moist	106.5	110	Clayey Silt, red brown, moist to wet
20.5	26	Clay, orange brown, moist, silt stringer			
26	45	Sand, brown, fine to medium, moist, clayey			
45	48	Clay, red brown, moist, plastic			
48	86.5	Sand, tan, fine to coarse, moist, clayey			
86.5	88	Clay, brown, moist, plastic			
88	95	Sand, tan to gray brown, wet			
95	106.5	Clay, gray brown, moist, plastic			

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) 8-14-2020 ..... and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 604 ..... This Water Well Record was completed on (mo-day-year) 10/20/2020 .....  
 under the business name of Environmental Priority Service, Inc. .... Signature: [Signature]

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.