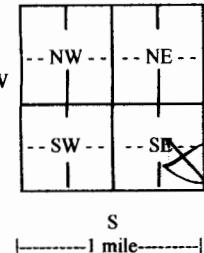
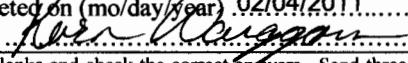


## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No. 

<b>1 LOCATION OF WATER WELL:</b> County: Phillips		Fraction SE 1/4 NE 1/4 SE 1/4 SE 1/4	Section Number 29	Township No. T 1 S	Range Number R 20 <input type="checkbox"/> E <input checked="" type="checkbox"/> W		
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"/> .			<b>Global Positioning System (GPS) information:</b> Latitude: 39.9315830 ..... (in decimal degrees) Longitude: -99.5903330 ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27				
Approx .3 mile north and 70 yards west of the intersection of Hwy 383 and W1400 Rd			Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Handheld .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m				
<b>2 WATER WELL OWNER:</b> Cox's Valley View Farms RR#, Street Address, Box #: 491 W 1400 Road City, State, ZIP Code : Long Island, KS 67647							
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> 		<b>4 DEPTH OF COMPLETED WELL</b> 60' ..... ft. Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL 24' ..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was 30 ..... ft. after 1 ..... hours pumping 200 ..... gpm EST. YIELD 25 ..... gpm. Well water was 41 ..... ft. after 1 ..... hours pumping 400 ..... gpm Bore Hole Diameter 28 ..... in. to 60 ..... ft. and ..... in. to ..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <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) <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 16 ..... in. to 33 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface. 18 ..... in., Weight ..... lbs./ft., Wall thickness or gauge No. SDR 26.....							
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)							
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input checked="" type="checkbox"/> Continuous slot <input 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) <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) .....							
<b>SCREEN-PERFORATED INTERVALS:</b> From 33 ..... ft. to 60 ..... ft., From ..... ft. to ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. to ..... ft.							
<b>GRAVEL PACK INTERVALS:</b> From 20 ..... ft. to 30 ..... ft., From ..... ft. to ..... ft. to ..... ft. From 33 ..... ft. to 60 ..... ft., From ..... ft. to ..... 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 ..... Grout Intervals: From 0 ..... ft. to 20 ..... ft., From 30 ..... ft. to 33 ..... ft., From ..... ft. to ..... ft.							
What is the nearest source of possible contamination: <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) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input checked="" type="checkbox"/> Abandoned water well <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 ..... Direction from well 20 ft ..... Distance from well Southeast.....							
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	4	Top soil					
4	20	Clay with thin soft sandstone strip					
20	40	Clay w/ traces fine sand & s.stone					
40	50	Coarse sand to fine gravel with thin clay layers					
50	51	Limestone					
51	56	Fine to medium gravel with thin limestone and flint layers					
57	60	Shale					
<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) 01/06/2011 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 433 ..... This Water Well Record was completed on (mo/day/year) 02/04/2011 ..... under the business name of Sargent Irrigation ..... by (signature) 							
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .							