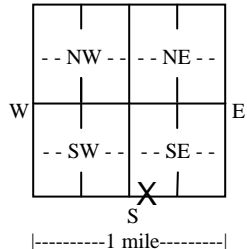


WATER WELL RECORD Form WWC-5
 Original Record
 Correction
 Change in Well Use
Division of Water
Resources App. No.

Well ID

1 LOCATION OF WATER WELL:

County:	Fraction	Section Number	Township Number	Range Number
County:	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4		T S	R <input type="checkbox"/> E <input type="checkbox"/> W

2 WELL OWNER: Last Name: _____ First: _____
 Business: _____
 Address: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 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:
3 LOCATE WELL WITH "X" IN SECTION BOX:**4 DEPTH OF COMPLETED WELL:** _____ ft.
 Depth(s) Groundwater Encountered: 1) _____ ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: _____ ft.

 below land surface, measured on (mo-day-yr).....
 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: in. to ft. and
 in. to ft.
5 Latitude:(decimal degrees)**Longitude:**(decimal degrees)Datum: WGS 84 NAD 83 NAD 27

Source for Latitude/Longitude:

 GPS (unit make/model:)
 (WAAS enabled? Yes No)

 Land Survey Topographic Map

 Online Mapper:
6 Elevation:ft. Ground Level TOCSource: Land Survey GPS Topographic Map Other**7 WELL WATER TO BE USED AS:**

- | | | |
|---|--|---|
| 1. Domestic: <input type="checkbox"/> Household | 5. <input type="checkbox"/> Public Water Supply: well ID | 10. <input type="checkbox"/> Oil Field Water Supply: lease |
| <input type="checkbox"/> Lawn & Garden | 6. <input type="checkbox"/> Dewatering: how many wells? | 11. Test Hole: well ID |
| <input type="checkbox"/> Livestock | 7. <input type="checkbox"/> Aquifer Recharge: well ID | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 2. <input type="checkbox"/> Irrigation | 8. <input type="checkbox"/> Monitoring: well ID | 12. Geothermal: how many bores? |
| 3. <input type="checkbox"/> Feedlot | 9. Environmental Remediation: well ID | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical |
| 4. <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water |
| | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 13. <input type="checkbox"/> Other (specify): |

 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 in. to ft., Diameter in. to ft., Diameter in. to ft.

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

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 Other (Specify)
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.

Nearest source of possible contamination: No potential source of contamination within 200 ft.

<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"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input 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
<input type="checkbox"/> Other (Specify)				

Direction from well? Distance from well? ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
				Notes:	

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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Form	WWC5
Contractor	RMD Drilling & Well Service, LLC
Well Owner	John Ankenman
Doc ID	1568976

Lithology

From	To	LithologicLog
0	2	surface
2	15	loess
15	35	clay
35	43	clay & caliche
43	51	sandy clay & caliche
51	59	fine to some med sand w/ clay
59	64	limestone
64	72	clay
72	80	fine sand w/ limestone strks
80	88	sandstone w/ clay
88	92	clay
92	100	clay w/ fine sand strks
100	121	sandstone
121	125	fine sand
125	131	fine to med sand
131	145	sandstone w/ limestone strks
145	152	yellow ochre w/ flint strks