

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

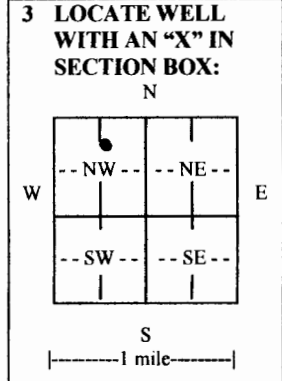
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|--|---------------------------------|----------------------|------------------------|--|
| 1 LOCATION OF WATER WELL: County: RICE | Fraction SW ¼ NW ¼ NE ¼ NW ¼ | Section Number 28 | Township No. T 21 S | Range Number R 7 <input type="checkbox"/> 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 .
Nickerson Rd. 2N of County line 3/4w SSR

Global Positioning System (GPS) information:
 Latitude: .38.20169..... (in decimal degrees)
 Longitude: 098.10036..... (in decimal degrees)
 Elevation: 1615.....
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model: **Garmin 62**.....)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Andy Zwick
 RR#, Street Address, Box #: 2230 23rd Rd.
 City, State, ZIP Code : Sterling, Kansas 67579



4 DEPTH OF COMPLETED WELL 64..... ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL 11..... ft. below land surface measured on mo/day/yr. 5/8/14.....
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm
 EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm
 Bore Hole Diameter 30.....in. to 64.....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
 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 .16..... in. to .34..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
 Casing height above land surface .24..... in., Weight SCH 40.....lbs./ft., Wall thickness or gauge No. 500.....
 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 .34..... ft. to .64..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.
 GRAVEL PACK INTERVALS: From .64..... ft. to .15..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....
 Grout Intervals: From .15..... ft. to 0..... ft., From..... ft. to..... ft., From..... ft. to..... 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
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well plugged irriq. well.....
 Direction from well East..... Distance from well .25ft.....

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|----|-------------------|------|----|--|
| 0 | 3 | Top soil | | | |
| 3 | 7 | Brown clay | | | |
| 7 | 40 | Medium small sand | | | |
| 40 | 43 | Light grey clay | | | |
| 43 | 63 | Medium sand loose | | | |
| 63 | 64 | Red shale | | | |
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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) 5-8-2014..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134..... This Water Well Record was completed on (mo/day/year) 5-20-2014..... under the business name of ..Rosencrantz-Bemis Ent..... 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 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. I include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.