

# WATER WELL RECORD

**Form WWC-5**

Division of Water Resources; App. No.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------|----------------|--|--|--------|--|------|-------------------------------------------------------------------------|--|--|--|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Fraction                                                                                                        | Section Number                                                        | Township Number                                  | Range Number   |  |  |        |  |      |                                                                         |  |  |  |
| County: <u>Stafford</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <u>SE ¼ NW ¼ NE ¼</u>                                                                                           | <u>19</u>                                                             | <u>T 22 S</u>                                    | <u>R 11 EW</u> |  |  |        |  |      |                                                                         |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>4 3/4 East, 1 1/2 North of Hudson</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                 | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 | Latitude: _____                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 | Longitude: _____                                                      |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| <b>2 WATER WELL OWNER:</b> <u>American Warrior/ Wayne Alpers</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                 | Elevation: _____                                                      |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| RR#, St. Address, Box # : <u>P.O. Box 399 / 4002 Quivira Dr.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                 | Datum: _____                                                          |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| City, State, ZIP Code : <u>Garden City, Ks / Hutchinson, Ks</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 | Data Collection Method: _____                                         |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| <u>67846 / 67502</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>105</u> ..... ft.                                                     |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| <div style="text-align: center; margin-bottom: 5px;">N</div> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">--NW--</td> <td style="padding: 5px; text-align: center;"><b>X</b></td> <td style="padding: 5px;">NE--</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">--SW--</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">SE--</td> </tr> </table> <div style="text-align: center; margin-top: 5px;">S</div> |  | --NW--                                                                                                          | <b>X</b>                                                              | NE--                                             |                |  |  | --SW-- |  | SE-- | Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | --NW--                                                                                                          | <b>X</b>                                                              | NE--                                             |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | --SW--                                                                                                          |                                                                       | SE--                                             |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | WELL'S STATIC WATER LEVEL..... <u>20</u> ..... ft. below land surface measured on mo/day/yr. <u>11-11-06</u> .. |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| Pump test data: Well water was.....ft. after..... hours pumping..... gpm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| Est. Yield <u>N/A</u> ...gpm: Well water was.....ft. after..... hours pumping..... gpm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| WELL WATER TO BE USED AS: 5 Public water supply      8 Air conditioning      11 Injection well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 2 Irrigation      4 Industrial      7 Domestic (lawn & garden)      10 Monitoring well .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes ..... No ... <u>X</u> ....; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes <u>HTH</u> No .....                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| <b>5 TYPE OF CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 1 Steel      3 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 5 Wrought Iron      8 Concrete tile                                                                             |                                                                       | CASING JOINTS: Glued... <u>X</u> .. Clamped..... |                |  |  |        |  |      |                                                                         |  |  |  |
| 2 PVC      4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 6 Asbestos-Cement      9 Other (specify below)                                                                  |                                                                       | Welded.....                                      |                |  |  |        |  |      |                                                                         |  |  |  |
| 7 Fiberglass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                 |                                                                       | Threaded.....                                    |                |  |  |        |  |      |                                                                         |  |  |  |
| Blank casing diameter ..... <u>5</u> ..... in. to ..... <u>8.5</u> ..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to .....ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| Casing height above land surface..... <u>36</u> ..... in., Weight...SDR= <u>26</u> ....lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 1 Steel      3 Stainless Steel      5 Fiberglass      7 PVC      9 ABS      11 Other (Specify) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 2 Brass      4 Galvanized Steel      6 Concrete tile      8 RM (SR)      10 Asbestos-Cement      12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 1 Continuous slot      3 Mill slot      5 Guazed wrapped      7 Torch cut      9 Drilled holes      11 None (open hole)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 2 Louvered shutter      4 Key punched      6 Wire wrapped      8 Saw Cut      10 Other (specify) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| SCREEN-PERFORATED INTERVALS: From..... <u>105</u> ..... ft. to ..... <u>85</u> ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| From..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| GRAVEL PACK INTERVALS: From..... <u>105</u> ..... ft. to ..... <u>20</u> ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| From..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement    2 Cement grout    3 Bentonite    4 Other ..... <u>hole plug</u> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... <u>20</u> ..... ft. to ..... <u>0</u> .....ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 1 Septic tank      4 Lateral lines      7 Pit privy      10 Livestock pens      13 Insecticide Storage      16 Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 2 Sewer lines      5 Cess pool      8 Sewage lagoon      11 Fuel storage      14 Abandoned water well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| 3 Watertight sewer lines      6 Seepage pit      9 Feedyard      12 Fertilizer Storage      15 Oil well/gas well      ..None.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| Direction from well? ..... How many feet? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TO                                                                                                              |                                                                       | LITHOLOGIC LOG                                   |                |  |  |        |  |      |                                                                         |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 6                                                                                                               |                                                                       | Sand                                             |                |  |  |        |  |      |                                                                         |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 25                                                                                                              |                                                                       | Clay                                             |                |  |  |        |  |      |                                                                         |  |  |  |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 30                                                                                                              |                                                                       | Sand & gravel                                    |                |  |  |        |  |      |                                                                         |  |  |  |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 35                                                                                                              |                                                                       | Clay                                             |                |  |  |        |  |      |                                                                         |  |  |  |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 105                                                                                                             |                                                                       | Sand & gravel                                    |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-11-06</u> .... and this record is true to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| Kansas Water Well Contractor's License No. <u>134</u> ..... This Water Well Record was completed on (mo/day/year) <u>11-16-06</u> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| under the business name of <u>Rosencrantz-Bemis</u> by (signature) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |
| <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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 to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells.                                                                                       |  |                                                                                                                 |                                                                       |                                                  |                |  |  |        |  |      |                                                                         |  |  |  |