169 8925 Pond (New)

WATER WELL RECORD

Form WWC-5 Division of Water Resources; App. No. 8256

1 LOCATION OF WATER WELL: County: Stafford | Fraction: NE 1/4 NW 1/4 SW 1/4 | Section Number: 17 | Township Number: T 22 S | Range Number: R 13 E (W)

Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles south and 1/2 mile east of Stafford

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: 38.136298
Longitude: -98.780847
Elevation: Unknown
Datum: NAD83
Data Collection Method: WAAS GPS Unit

2 WATER WELL OWNER: Sand Hills Gun Club
RR#, St. Address, Box # : P.O. Box 338
City, State, ZIP Code : Macksville, KS 67557

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N / W / E / S; --NW-- --NE-- --SW-- --SE-- (X in --SW--)

4 DEPTH OF COMPLETED WELL 100 ft.
Depth(s) Groundwater Encountered (1) ____ ft. (2) ____ ft. (3) ____ ft,
WELL'S STATIC WATER LEVEL 21 ft. below land surface measured on mo/day/yr 08-16-07
Pump test data: Well water was Not checked ft. after ____ hours pumping ____ gpm
Est. Yield Unknown 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 Recreation

Was a chemical/bacteriological sample submitted to Department? Yes ____ No ✓ If yes, mo/day/yrs
Sample was submitted ____ Water well disinfected? Yes ____ No ✓

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ✓ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) ____ Welded ____
(2) PVC 4 ABS 7 Fiberglass Threaded ____
Blank casing diameter 16 in. to 64 ft., Diameter ____ in. to ____ ft., Diameter ____ in. to ____ ft.
Casing height above land surface 12 in., weight 19.75 lbs./ft. Wall thickness or gauge No. .616

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 Gauzed 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 64 ft. to 99 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 21 ft. to 100 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.

6 GROUT MATERIAL: 1 Neat Cement (2) Cement grout 3 Bentonite 4 Other ____
Grout Intervals: From 0 ft. to 21 ft., From ____ ft. to ____ ft., From ____ ft. to ____ 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 None known
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? ____ How many feet? ____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Topsoil, sandy			
6	10	Clay, dark gray			
10	53	Clay, gray, sandy			
53	56	Sand and gravel, fine, medium, coarse, with			
		some clay, brown			
56	74	Sand and gravel, fine, medium			
74	79	Sand and gravel, fine, medium, coarse			
79	83	Clay, gray			
83	92	Clay, green			
92	100	Sand and gravel, fine, medium, coarse			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) (constructed) (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 08-16-07 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 08-17-07
Under the business name of Clarke Well & Equipment, Inc. by (signature) [signature]

INSTRUCTIONS: 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.