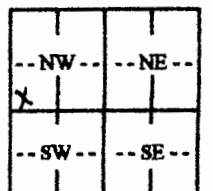


**WATER WELL RECORD**

Form WWC-5

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Hodgeman</u>	Fraction <u>NW 1/4 SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>27</u>	Township No. <u>T 23 S</u>	Range Number <u>R 21 E NW</u>
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> <u>17584 SE 233 Rd</u> <u>Kinsley, KS 67547</u>		Global Positioning System (GPS) information: Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: .....) <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> <u>Marvin Gleason</u> RR#, Street Address, Box #: <u>17584 SE 233 Rd</u> City, State, ZIP Code: <u>Kinsley, KS 67547</u>				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N  W E S 1 mile	<b>4 DEPTH OF COMPLETED WELL</b> <u>345</u> ft. Depth(s) Groundwater Encountered (1) <u>180</u> ft. (2) <u>280</u> ft. (3) ..... ft. WELL'S STATIC WATER LEVEL <u>174</u> ft. below land surface measured on mo/day/yr. 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 <u>9</u> in. to <u>3.50</u> 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 checked="" 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 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 type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded  
Casing diameter 5 in. to 345 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface 12 in., Weight ..... lbs./ft., Wall thickness or gauge No. 502 17

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 280 ft. to 340 ft., From ..... ft. to ..... ft.  
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 20 ft. to 130 ft., From 140 ft. to 345 ft.  
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....

Grout Intervals: From 5 ft. to 20 ft., From 130 ft. to 140 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 .....

Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	20	Top Soil	340	360	Gray/Red Clay w/ Sandstone Streaks
20	50	Tan white clay w/ Caliche	360	380	Gray Sandstone w/ gray/Red Clay
50	70	Blue Shale	380	400	Gray Sandstone
70	80	Blue Clay			
80	110	Blue Shale			
110	140	Blue Clay			
140	180	Gray Clay			
180	220	Gray Clay w/ Gray sandstone streaks			
220	275	Gray Clay w/ Red Clay layers			
275	340	Gray Sandstone			

**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) 12-8-13 and this record is true to the best of my knowledge and belief.  
Kansas Water Well Contractor's License No. 5416, This Water Well Record was completed on (mo/day/year) 1-17-14 under the business name of Nash Water Well Service, LLC by (signature) .....

INSTRUCTIONS: Use tyewriter 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. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.