

## WATER WELL RECORD

Form WWC-5

MW 5

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Stafford</u><br>Distance and direction from nearest town or city street address of well if located within city?<br><u>Former Chevron St 307 E. Martin St, Stafford KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | Fraction<br><u>NE 1/4 NW 1/4 NW 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Section Number<br><u>24</u> |                    | Township Number<br><u>T 24 S</u> |  | Range Number<br><u>R 12 E</u> |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b><br>RR#, St. Address, Box # : <u>P.O. Box 430</u><br>City, State, ZIP Code : <u>Bellaire TX 77401</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: <u>37.95458</u><br>Longitude: <u>98.59717</u><br>Elevation: <u>1851.04</u><br>Datum: _____<br>Data Collection Method: <u>10-12-07</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                             |                    |                                  |  |                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">             N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">o</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-- NW --</td> <td style="text-align: center;">-- NE --</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-- SW --</td> <td style="text-align: center;">-- SE --</td> </tr> </table>             S           </div>         |             | o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | -- NW --                    | -- NE --           |                                  |  | -- SW --                      | -- SE -- | <b>4 DEPTH OF COMPLETED WELL</b> <u>25'</u> ft.<br>Depth(s) Groundwater Encountered (1) <u>18'</u> ft. (2) _____ ft. (3) _____ ft.<br>WELL'S STATIC WATER LEVEL <u>18.39</u> ft. below land surface measured on mo/day/yr. <u>9-11-07</u><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield. _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>10</u> Monitoring well _____<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr<br>Sample was submitted _____ Water well disinfected? Yes _____ No <u>X</u> |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| -- NW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -- NE --    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                             |                    |                                  |  |                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| -- SW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -- SE --    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                             |                    |                                  |  |                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)<br><u>2 PVC</u> 4 ABS 7 Fiberglass<br>Blank casing diameter <u>2.375</u> in. to <u>15'</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.<br>Casing height above land surface <u>Fluor Mt.</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>                                                                                                                                                                                                                                                                                            |             | CASING JOINTS: Glued _____ Clamped _____<br>Welded _____<br>Threaded <u>X</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) _____<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <u>3</u> Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____<br>SCREEN-PERFORATED INTERVALS: From <u>25'</u> ft. to <u>15'</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <u>25'</u> ft. to <u>13'</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                      |      |                             |                    |                                  |  |                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other <u>Concrete</u><br>Grout Intervals: From <u>13'</u> ft. to <u>3'</u> ft., From <u>3'</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon <u>11</u> Fuel storage <u>Former</u> Abandoned water well below<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well _____<br>Direction from well? <u>East</u> How many feet? <u>40'</u> |             | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>15.0</u></td> <td><u>Concrete</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>15.0</u></td> <td><u>5.0</u></td> <td><u>Dark silty sand, fine</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>5.0</u></td> <td><u>25.0</u></td> <td><u>Reddish-brown silty sand w/ green streaks fine grained</u></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |      |                             |                    |                                  |  |                               |          | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | <u>0</u> | <u>15.0</u> | <u>Concrete</u> |  |  |  | <u>15.0</u> | <u>5.0</u> | <u>Dark silty sand, fine</u> |  |  |  | <u>5.0</u> | <u>25.0</u> | <u>Reddish-brown silty sand w/ green streaks fine grained</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO          | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FROM | TO                          | PLUGGING INTERVALS |                                  |  |                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>15.0</u> | <u>Concrete</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                             |                    |                                  |  |                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <u>5.0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>25.0</u> | <u>Reddish-brown silty sand w/ green streaks fine grained</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                             |                    |                                  |  |                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <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>9-11-07</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>732</u> This Water Well Record was completed on (mo/day/year) <u>10-20-07</u> under the business name of <u>QB Environmental</u> by (signature) <u>James Baker</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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                             |                    |                                  |  |                               |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |    |                    |          |             |                 |  |  |  |             |            |                              |  |  |  |            |             |                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |