

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.  

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| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Stafford</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   | Fraction<br><u>NE 1/4 NE 1/4 NW 1/4</u> |   | Section Number<br><u>10</u>                                                                                                                                                       |          | Township Number<br><u>T24 S</u> |          | Range Number<br><u>R 13W E/W</u> |  |                    |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1S, 1/2E of St John, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                                         |   | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |          |                                 |          |                                  |  |                    |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> <u>Mike Osborne</u><br>RR#, St. Address, Box # : <u>309 E. 4th</u><br>City, State, ZIP Code : <u>St. John, KS 67576</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                         |   |                                                                                                                                                                                   |          |                                 |          |                                  |  |                    |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br><table border="1" style="width: 100px; height: 100px; text-align: center; margin: 10px auto;"> <tr><td></td><td>X</td><td></td></tr> <tr><td>-- NW --</td><td></td><td>-- NE --</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>-- SW --</td><td></td><td>-- SE --</td></tr> <tr><td></td><td></td><td></td></tr> </table><br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                         | X |                                                                                                                                                                                   | -- NW -- |                                 | -- NE -- |                                  |  |                    | -- SW -- |  | -- SE -- |  |  |  | <b>4 DEPTH OF COMPLETED WELL</b> ..... <u>76</u> ..... ft.<br><br>Depth(s) Groundwater Encountered (1)..... <u>22</u> ..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL..... <u>22</u> ..... ft. below land surface measured on mo/day/yr. <u>02/05/07</u><br>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm<br>Est. Yield..... <u>40</u> ..... 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 <del>Domestic (lawn &amp; garden)</del> 10 Monitoring well<br><br>Was a chemical/bacteriological sample submitted to Department? Yes ..... <u>No</u> .....; If yes, mo/day/yr<br>Sample was submitted..... Water well disinfected? <u>Yes</u> ..... No ..... |  |  |  |  |  |  |
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| -- NW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   | -- NE --                                |   |                                                                                                                                                                                   |          |                                 |          |                                  |  |                    |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
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| -- SW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   | -- SE --                                |   |                                                                                                                                                                                   |          |                                 |          |                                  |  |                    |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
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| <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: <del>Glued</del> ..... Clamped .....<br>2 <del>PVC</del> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....<br>7 Fiberglass ..... Threaded .....<br>Blank casing diameter .. <u>5</u> ..... in. to .. <u>56</u> ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface..... <u>12</u> ..... in., Weight .. <u>2.8</u> ..... lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u> .....<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless Steel 5 Fiberglass 7 <u>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 3 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 <u>Saw Cut</u> 10 Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From..... <u>56</u> ..... ft. to .. <u>76</u> ..... ft., From ..... ft. to ..... ft.<br>From..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From..... <u>20</u> ..... ft. to .. <u>42</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 3 <u>Bentonite</u> 4 Other .....<br>Grout Intervals: From .... <u>0</u> ..... ft. to .. <u>20</u> ..... ft., From ..... ft. to ..... 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 11 Fuel storage 14 Abandoned water well below)<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well <u>none - in field</u><br>Direction from well? ..... How many feet? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                         |   |                                                                                                                                                                                   |          |                                 |          |                                  |  |                    |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   | TO                                      |   | LITHOLOGIC LOG                                                                                                                                                                    |          | FROM                            |          | TO                               |  | PLUGGING INTERVALS |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
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| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   | 35                                      |   | sand and gravel                                                                                                                                                                   |          |                                 |          |                                  |  | XXXXXXXXXXXXXX     |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   | 50                                      |   | clay                                                                                                                                                                              |          |                                 |          |                                  |  | Davis Plumbing     |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   | 76                                      |   | sand and gravel                                                                                                                                                                   |          |                                 |          |                                  |  | P. O. Box 205      |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>02/05/07</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>186</u> This Water Well Record was completed on (mo/day/year) <u>03/10/07</u><br>under the business name of <u>Kelly's Water Well Service, Inc.</u> by (signature) <u>Kathryn L. Howard</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |                                         |   |                                                                                                                                                                                   |          |                                 |          |                                  |  |                    |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                         |   |                                                                                                                                                                                   |          |                                 |          |                                  |  |                    |          |  |          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |

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