

**Form WWC-5**

Division of Water Resources App. No.

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| 1 LOCATION OF WATER WELL:<br>County: Stafford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Fraction<br>1/4 NW 1/4 NE 1/4 NW 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Section Number<br>4                                                                                                                                                                                                                                                                                                                                                                  | Township No.<br>T 24 S | Range Number<br>R 13 E W |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [X]<br>114 S. Broadway, St. John                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Global Positioning System (GPS) information:<br>Latitude: ..... (in decimal degrees)<br>Longitude: ..... (in decimal degrees)<br>Elevation: .....<br>Datum: [ ] WGS 84, [ ] NAD 83, [ ] NAD 27<br>Collection Method:<br>[ ] GPS unit (Make/Model: .....)<br>[ ] Digital Map/Photo, [ ] Topographic Map, [ ] Land Survey<br>Est. Accuracy: [ ] <3 m, [ ] 3-5 m, [ ] 5-15 m, [ ] >15 m |                        |                          |
| 2 WATER WELL OWNER: Jerry Kinnamon<br>RR#, Street Address, Box #: 114 S. Broadway<br>City, State, ZIP Code : St. John, KS 67576                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| 3 LOCATE WELL WITH AN "X" IN SECTION BOX:<br>N<br>W E<br>S<br>[X]<br>[ ] NW [ ] NE<br>[ ] SW [ ] SE<br>[ ] S<br>[ ] mile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 4 DEPTH OF COMPLETED WELL 60 ft.<br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL 23 ft. below land surface measured on mo/day/yr. 12-17-12<br>Pump test data: Well water was..... ft. after..... hours pumping..... gpm<br>EST. YIELD N/A gpm. Well water was..... ft. after..... hours pumping..... gpm<br>Bore Hole Diameter 10 in. to 60 ft., and ..... in. to ..... ft.<br>WELL WATER TO BE USED AS: [ ] Public water supply [ ] Geothermal [ ] Injection well<br>[ ] Domestic [ ] Feedlot [ ] Oil field water supply [ ] Dewatering [ ] Other (Specify below)<br>[ ] Irrigation [ ] Industrial [X] Domestic-lawn & garden [ ] Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? [ ] Yes [X] No<br>If yes, mo/day/yr sample was submitted.....<br>Water well disinfected? [X] Yes [ ] No |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| 5 TYPE OF CASING USED: [ ] Steel [X] PVC [ ] Other<br>CASING JOINTS: [X] Glued [ ] Clamped [ ] Welded [ ] Threaded<br>Casing diameter 5 in. to 60 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface 18 in., Weight SDR-26 lbs./ft., Wall thickness or gauge No. ....<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>[ ] Steel [ ] Stainless Steel [X] PVC [ ] Other (Specify) .....<br>[ ] Brass [ ] Galvanized Steel [ ] None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>[ ] Continuous slot [ ] Mill slot [ ] Gauze wrapped [ ] Torch cut [ ] Drilled holes [ ] None (open hole)<br>[ ] Louvered shutter [ ] Key punched [ ] Wire wrapped [X] Saw cut [ ] Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From 60 ft. to 40 ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From 60 ft. to 20 ft., From ..... ft. to ..... ft.<br>From ..... ft. to ..... ft., From ..... ft. to ..... ft. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| 6 GROUT MATERIAL: [ ] Neat cement [ ] Cement grout [X] Bentonite [ ] Other<br>Grout Intervals: From ..... ft. to ..... ft., From 20 ft. to 0 ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br>[ ] Septic tank [ ] Lateral lines [ ] Pit privy [ ] Livestock pens [ ] Insecticide storage [X] Other (specify below)<br>[ ] Sewer lines [ ] Cesspool [ ] Sewage lagoon [ ] Fuel storage [ ] Abandoned water well<br>[ ] Watertight sewer lines [ ] Seepage pit [ ] Feedyard [ ] Fertilizer storage [ ] Oil well/gas well Shed<br>Direction from well West Distance from well 40 ft.                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| 0 4 Top soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| 4 9 Tan clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| 9 60 Sand & gravel- med                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [X] constructed, [ ] reconstructed, or [ ] plugged under my jurisdiction and was completed on (mo/day/year) 12-17-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo/day/year) 12-18-12 under the business name of Rosencrantz- Bemis by (signature) [Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| INSTRUCTIONS: Use typewriter 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. I include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |
| KSA 82a-1212 Check: [X] White Copy, [ ] Blue Copy, [ ] Pink Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |                        |                          |