

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

FI 29

1 LOCATION OF WATER WELL: County: Finney		Fraction ¼ NW ¼ SW ¼ NW ¼	Section Number 5	Township No. T 24 S	Range Number R 32 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> approx. 3/10ths miles southeast of Garden City, KS			Global Positioning System (GPS) information: Latitude: 38.00024..... (in decimal degrees) Longitude: 100.86538..... (in decimal degrees) Elevation: 2875..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Stone Family Farms LLC RR#, Street Address, Box #: 320 South Boston Ave. 19th Floor City, State, ZIP Code : Tulsa, OK 74103					
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <div style="text-align: center;"> </div> W E S [-----] 1 mile [-----]		4 DEPTH OF COMPLETED WELL 324 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 112..... ft. below land surface measured on mo/day/yr. 5/8/11..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm Bore Hole Diameter in. to ft., and in. to ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5 TYPE OF CASING USED: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter .16..... in. to 324..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12..... in., Weight 42.09..... lbs./ft., Wall thickness or gauge No. 0.250..... TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input checked="" type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input checked="" type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) SCREEN-PERFORATED INTERVALS: From 159..... ft. to 319..... ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 20..... ft. to 324..... ft., From ft. to ft. From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From 0..... ft. to 20..... ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well None Detected Direction from well Distance from well					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	top soil	136	155	brwn cly, cemented snd, gypsum mix
2	20	brown clay	155	161	coarse sand
20	32	medium to coarse sand	161	166	coarse sand, few brown clay streaks
32	58	blue clay	166	182	med to coarse sand
58	74	brown clay	182	202	coarse to very coarse sand, sm grvl
74	82	fine sand, few brwn clay streaks	202	220	med sand. few brown clay streaks
82	106	brown clay, gypsum streaks	220	222	brown clay
106	114	gypsum	222	238	crs snd. sm arvl. wht brk rk chps
114	124	gypsum, cemented sand	238	250	soft sndy brwn cly few crs snd strk
124	136	coarse sand, some small gravel	250	262	fine sand
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 5/8/11..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145..... This Water Well Record was completed on (mo/day/year) 5/17/11..... under the business name of Hydro Resources..... by (signature) <i>[Signature]</i>					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .					

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1 LOCATION OF WATER WELL: County: _____		Fraction 1/4 1/4 1/4 1/4		Section Number	Township No. T S	Range Number R E W														
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .				Global Positioning System (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																
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FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS															
262	270	sft brwn cly, few crse snd strks																		
270	276	fine sand																		
276	278	brown clay																		
278	282	fine to med sand																		
282	292	crs-vry cs snd brk rk sm br cly stk																		
292	299	brwn cly crs snd strks w/ wh brk rk																		
299	312	crs-vry cs snd brk rk sm br cly stk																		
312	319	brwn cly crs snd strks w/ wh brk rk																		
319	324	yellow soapstone																		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of by (signature)																				
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