

### WATER WELL RECORD Form WWC-5

Original Record     Correction     Change in Well Use

Division of Water Resources App. No.

Well ID

|                                  |                          |                |                 |   |
|----------------------------------|--------------------------|----------------|-----------------|---|
| <b>1 LOCATION OF WATER WELL:</b> | Fraction                 | Section Number | Township Number | Range Number  |
| County:                          | 1/4    1/4    1/4    1/4 |                | T    S          | R <input type="checkbox"/> E <input type="checkbox"/> W |

|                                 |        |   |
|---------------------------------|--------|---|
| <b>2 WELL OWNER:</b> Last Name: | First: | Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> |
| Business:                       |        |   |
| Address:                        |        |   |
| City:                           | State: | ZIP:  |

|  |   |   |
|--|---|---|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: -20px; left: 10px;">NW</div> <div style="position: absolute; top: -20px; right: 10px;">NE</div> <div style="position: absolute; bottom: -20px; left: 10px;">SW</div> <div style="position: absolute; bottom: -20px; right: 10px;">SE</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 40px; font-weight: bold;">X</div> </div> E<br>S<br> -----1 mile----- | <b>4 DEPTH OF COMPLETED WELL:</b> ..... ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft.    3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br><b>WELL'S STATIC WATER LEVEL:</b> ..... ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr).....<br><input type="checkbox"/> above land surface, measured on (mo-day-yr).....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: .....gpm<br>Bore Hole Diameter: ..... in. to ..... ft. and ..... in. to ..... ft. | <b>5 Latitude:</b> .....(decimal degrees)<br><b>Longitude:</b> .....(decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: .....<br><br><b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br><b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other ..... |
|--|---|---|

|   |  |   |
|---|--|---|
| <b>7 WELL WATER TO BE USED AS:</b>  |  |   |
| 1. Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): ..... |

Was a chemical/bacteriological sample submitted to KDHE?  Yes     No    If yes, date sample was submitted: .....

Water well disinfected?  Yes     No

|   |  |
|---|--|
| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other .....  | CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded |
| Casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface ..... in.    Weight ..... lbs./ft.    Wall thickness or gauge No. ....   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)   |  |
| SCREEN OR PERFORATION OPENINGS ARE:<br><input 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"/> Other (Specify) .....<br><input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole) |  |
| SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  |  |
| GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  |  |

|  |
|--|
| <b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other .....  |
| Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.   |
| <b>Nearest source of possible contamination:</b> No potential source of contamination within 200 ft.   |
| <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<br><input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well<br><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<br><input type="checkbox"/> Other (Specify) ..... |
| Direction from well? .....    Distance from well? ..... ft.  |

| 10 FROM | TO | LITHOLOGIC LOG | FROM   | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|----------------|--------|----|--|
|         |    |                |        |    |  |
|         |    |                |        |    |  |
|         |    |                |        |    |  |
|         |    |                |        |    |  |
|         |    |                |        |    |  |
|         |    |                |        |    |  |
|         |    |                | Notes: |    |  |

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  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 .....

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. Visit us at <http://www.kdheks.gov/waterwell/index.html> KSA 82a-1212

|            |                            |
|------------|----------------------------|
| Form       | WWC5                       |
| Contractor | Downey Drilling, Inc. #748 |
| Well Owner |                            |
| Doc ID     | 1516174                    |

Lithology

| From | To  | LithologicLog                         |
|------|-----|---------------------------------------|
| 0    | 2   | TOPSOIL                               |
| 2    | 22  | SANDY BR. CLAY                        |
| 22   | 50  | BR. CLAY                              |
| 50   | 62  | LT BR. CLAY                           |
| 62   | 102 | BR. CLAY W/ F/M SAND                  |
| 102  | 122 | MED/C SAND, SM GRAVE,<br>CLAY         |
| 122  | 126 | MED/C SAND, SM. GRAVEL                |
| 126  | 132 | F/M SAND, GRAVEL, BR.<br>CLAY         |
| 132  | 142 | BLUE CLAY W/ F/M SAND                 |
| 142  | 146 | MED/COARSE SAND, SM<br>GRAVEL         |
| 146  | 152 | BLUE CLAY W/ F/M SAND<br>STREAKS      |
| 152  | 173 | BLUE CLAY                             |
| 173  | 182 | BR. CLAY W/ MED/C SAND,<br>SM. GRAVEL |
| 182  | 186 | BR. CLAY                              |
| 186  | 194 | F/M/FEW BR. CLAY                      |
| 194  | 220 | BR. CLAY                              |
| 220  | 236 | LT BR. CLAY, MED SAND                 |
| 236  | 242 | F/M SAND, BR. CLAY                    |
| 242  | 249 | M/C SAND                              |
| 249  | 253 | BR. CLAY W/ MED/COARSE<br>SAND        |

|            |                            |
|------------|----------------------------|
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| Well Owner |                            |
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#### Lithology

| From | To  | LithologicLog                                       |
|------|-----|---|
| 253  | 258 | BR. CLAY, MED SAND                                  |
| 258  | 262 | M/C SAND  |
| 262  | 263 | BR. CLAY  |
| 263  | 270 | F/M SAND  |
| 270  | 272 | BR. CLAY  |
| 272  | 281 | F/C SAND, SM. GRAVEL                                |
| 281  | 282 | BR. CLAY  |
| 282  | 294 | BR. CLAY W/ F/C SAND,<br>GRAVEL                     |
| 294  | 302 | F/M SAND, SM. GRAVEL                                |
| 302  | 324 | M/C SAND, SM. GRAVEL,<br>ROCK CHIPS                 |
| 324  | 328 | M/C SAND, SM. GRAVEL,<br>BROKEN ROCK CHIPS,<br>CLAY |
| 328  | 342 | M/C SAND, SM. GRAVEL,<br>ROCK CHIPS                 |
| 342  | 358 | F/MC SAND, W/ BR. CLAY<br>STREAKS                   |
| 358  | 378 | M/C SAND, SM. GRAVEL,<br>ROCK, GRAVEL               |
| 378  | 382 | F/C SAND, GRAVEL, ROCK,<br>GRAVEL                   |
| 382  | 400 | M/C SAND, GRAVEL, ROCK,                             |
| 400  | 406 | BL. SHALE   |