

**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><br>County: | Fraction<br>1/4 1/4 1/4 1/4 | Section Number | Township Number<br>T S | Range Number<br>R <input type="checkbox"/> E <input type="checkbox"/> W |
|---------------------------------------------|-----------------------------|----------------|------------------------|-------------------------------------------------------------------------|

|                                                                                                                                                  |                                                                                                                                                                                   |
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| <b>2 WELL OWNER:</b> Last Name: _____ First: _____<br>Business: _____<br>Address: _____<br>Address: _____<br>City: _____ State: _____ ZIP: _____ | 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"/> |
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|                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><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>WELL'S STATIC WATER LEVEL: ..... 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<br>..... 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: ..... |
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| <b>7 WELL WATER TO BE USED AS:</b>                                                                                        |                                                                                    |                                                                                                       |
| 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID .....                     | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....                                      |
| 2. <input type="checkbox"/> Irrigation                                                                                    | 6. <input type="checkbox"/> Dewatering: how many wells? .....                      | 11. Test Hole: well ID .....                                                                          |
| 3. <input type="checkbox"/> Feedlot                                                                                       | 7. <input type="checkbox"/> Aquifer Recharge: well ID .....                        | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 4. <input type="checkbox"/> Industrial                                                                                    | 8. <input type="checkbox"/> Monitoring: well ID .....                              | 12. Geothermal: how many bores? .....                                                                 |
|                                                                                                                           | 9. Environmental Remediation: well ID .....                                        | a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical                  |
|                                                                                                                           | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water        |
|                                                                                                                           | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection               | 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

|                                                                                                                                                                                                                                             |                                                |                                                                                                                                                         |  |
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| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other .....                                                                                                              |                                                | <b>CASING JOINTS:</b> <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.                                                                                                                                    |                                                | Casing height above land surface ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. ....                                                       |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                              |                                                |                                                                                                                                                         |  |
| <input 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) |                                                                                                                                                         |  |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                  |                                                |                                                                                                                                                         |  |
| <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) ..... |                                                |                                                                                                                                                         |  |
| <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.                                                                                                                                |                                                |                                                                                                                                                         |  |

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| <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           | <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 |
| <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 | <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 |
|---------|----|----------------|------|----|------------------------------------------|
|         |    |                |      |    |                                          |
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**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 .....

|            |                            |
|------------|----------------------------|
| Form       | WWC5                       |
| Contractor | Downey Drilling, Inc. #748 |
| Well Owner | DAVID PETERS               |
| Doc ID     | 1538741                    |

### Lithology

| From | To  | LithologicLog                             |
|------|-----|-------------------------------------------|
| 0    | 17  | SURFACE SAND                              |
| 17   | 28  | F/M SAND                                  |
| 28   | 38  | BR. SILTY CLAY                            |
| 38   | 52  | F/M/C SAND                                |
| 52   | 80  | M/C SAND, S/M GRAVEL,<br>SANDY CLAY LAYER |
| 80   | 113 | M/C W/ FINE GRAVEL                        |
| 113  | 127 | S/M GRAVEL W/ BIG ROCKS                   |
| 127  | 133 | SANDY CLAY LAYERS                         |
| 133  | 157 | /M/C SAND W/ SANDY CLAY                   |
| 157  | 165 | F/M/C SAND                                |
| 165  | 170 | SANDY CLAY LAYERS                         |
| 170  | 180 | F/M SAND W/ SANDY CLAY<br>LAYER           |
| 180  | 187 | F/M SAND                                  |
| 187  | 188 | CEM SAND                                  |
| 188  | 199 | F/M SAND                                  |
| 199  | 206 | SANDY CLAY                                |
| 206  | 220 | SANDY CLAY W/ FINE SAND                   |
| 220  | 240 | M/C W/ SANDY CLAY<br>LAYERS               |
| 240  | 254 | SANDY CLAY                                |
| 254  | 308 | F/M SAND                                  |
| 308  | 319 | SANDY CLAY                                |
| 319  | 351 | F/M SAND                                  |

|            |                            |
|------------|----------------------------|
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Lithology

| From | To  | LithologicLog             |
|------|-----|---------------------------|
| 351  | 356 | SANDY CLAY LAYERS         |
| 356  | 379 | F/M SAND W/ LIMEROCK & SC |
| 379  | 390 | SANDY CLAY                |
| 390  | 510 | M/C SAND                  |