

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Kearny Fraction SE 1/4 SE 1/4 SE 1/4 Section Number 11 Township Number T 25 S Range Number R 35 E/W

Distance and direction from nearest town or city street address of well if located within city? Sublette: N Hwy83 to Parallel Rd W to B?T Deerfield Lane 1 W of Co. line 4 N in SE corner Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: Longitude:

2 WATER WELL OWNER: SW Windmill RR#, St. Address, Box # : P.O. Box 909 City, State, ZIP Code : Meade, KS 67864 Elevation: Datum: Data Collection Method:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S

4 DEPTH OF COMPLETED WELL ..... 400 ..... ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm Est. Yield.....gpm: Well water was..... ft. after..... hours pumping..... gpm

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass CASING JOINTS: Glued..X.... Clamped..... Welded..... Threaded.....

Blank casing diameter ....5..... in. to 300..... ft., Diameter. .... in. to ..... ft., Diameter ..... in. to .....ft. Casing height above land surface....24..... in., Weight ..3.706.....lbs./ft. Wall thickness or guage No. 21.316.....

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) ..... 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From...300..... ft. to .....400..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From...200..... ft. to .....400..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug Grout Intervals: From .....1..... ft. to .....25..... ft., From ..... ft. to ..... ft., From ..... ft. to .....ft.

What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well

Direction from well? ..... How many feet? .....

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include Surface, Sandy clay, Gravel, Clay, Sand and gravel, Clay, Sand and clay streaks, Clay, Sand, "brown shale"

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 11-14-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KWCCCL430... This Water Well Record was completed on (mo/day/year) 11-04-09 under the business name of Howard Drlg. Box 806 Beaver, OK 73902 (signature)

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.