

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

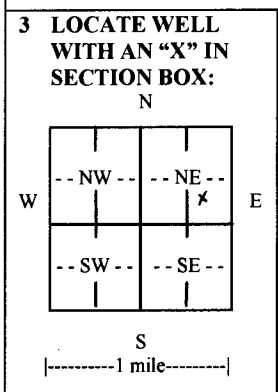
21,765

<b>1 LOCATION OF WATER WELL:</b> County: Kearny	Fraction ¼ NE ¼ SW ¼ NW ¼	Section Number 25	Township No. T 25 S	Range Number R 35 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  approx 8 miles southeast of Deerfield, KS

**Global Positioning System (GPS) information:**  
 Latitude: .37.85379 (in decimal degrees)  
 Longitude: 101.11744 (in decimal degrees)  
 Elevation: 3019  
 Datum:  WGS 84,  NAD 83,  NAD 27  
 Collection Method:  
 GPS unit (Make/Model: .....)  
 Digital Map/Photo,  Topographic Map,  Land Survey  
 Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

**2 WATER WELL OWNER:** Wheatland Water Treatment  
 RR#, Street Address, Box #: PO Box 953  
 City, State, ZIP Code : Garden City, KS



**4 DEPTH OF COMPLETED WELL 535** ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.  
 WELL'S STATIC WATER LEVEL 245 ft. below land surface measured on mo/day/yr. 4/24/11  
 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 24 in. to 535 ft., and .....in. to .....ft.  
 WELL WATER TO BE USED AS:  Public water supply  Geothermal  Injection well  
 Domestic  Feedlot  Oil field water supply  Dewatering  Other (Specify below)  
 Irrigation  Industrial  Domestic-lawn & garden  Monitoring well  
 Was a chemical/bacteriological sample submitted to Department?  Yes  No  
 If yes, mo/day/yr sample was submitted.....  
 Water well disinfected?  Yes  No

**5 TYPE OF CASING USED:**  Steel  PVC  Other .....

CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter .16 in. to 535 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:  
 Steel  Stainless Steel  PVC  Other (Specify) .....  
 Brass  Galvanized Steel  None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)  
 Louvered shutter  Key punched  Wire wrapped  Saw cut  Other (specify) .....

SCREEN-PERFORATED INTERVALS: From .265 ft. to .325 ft., From .351 ft. to .391 ft.  
 From .430 ft. to .530 ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From .20 ft. to .335 ft., From .335 ft. to .535 ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**6 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  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:  
 Septic tank  Lateral lines  Pit privy  Livestock pens  Insecticide storage  Other (specify below)  
 Sewer lines  Cesspool  Sewage lagoon  Fuel storage  Abandoned water well  
 Watertight sewer lines  Seepage pit  Feedyard  Fertilizer storage  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	1	blow sand	325	340	brown-white clay, limerock
1	9	sand fine	340	355	brown clay
9	30	brown clay, sand	355	375	sand silty to fine, clay
30	100	sd fn-md crs sm-lrg grvl few cblstn	375	391	sand fine to small
100	124	brown clay	391	435	brown clay
124	186	snd fn-md crs sm-md grvl few thn cly	435	480	brown clay, sands
186	211	sand fine-med coarse, clays	480	530	brown, yellow + red sandstone
211	245	sand fine to med coarse	530	535	soapstone
245	280	sand fine-med crse, few thin clays			
280	325	snd fine-md crse, few sm-md grvl			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) 4/24/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 14. This Water Well Record was completed on (mo/day/year) 5/12/11 under the business name of Hydro Resources 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 785-296-5522. 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>.