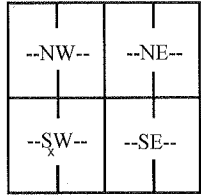


**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

24,832

<b>1 LOCATION OF WATER WELL:</b> County: <b>Pratt</b>		Fraction <b>1/4 NE 1/4 SW 1/4 SW 1/4</b>	Section Number <b>4</b>	Township No. <b>T 26 S</b>	Range Number <b>R 11</b> <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"/> <b>Approximately 5.5 miles west of Turon.</b>			<b>Global Positioning System (GPS) information:</b> Latitude: <b>37.80928</b> (in decimal degrees) Longitude: <b>-98.533864</b> (in decimal degrees) Elevation: <b>Unknown</b> Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <b>WAAS</b> ) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER:</b> <b>Nelson Trust</b> RR#, Street Address, Box #: <b>15559 W. Coral Pointe Dr.</b> City, State, ZIP Code : <b>Surprise, AZ 85374</b>					
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL</b> <b>124</b> ft.				
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <b>42</b> ft. below land surface measured on mo/day/yr <b>03/27/14</b> Pump test data: Well water was <b>not checked</b> ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>24</b> in. to <b>124</b> 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				
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____					
CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded <input type="checkbox"/> Other (Specify) _____ Casing diameter <b>16</b> in. to <b>65</b> ft., Diameter <b>16</b> in. to <b>74</b> ft., Diameter <b>16</b> in. to <b>99</b> ft. Casing height above land surface <b>12</b> in., Weight <b>19.75</b> lbs./ft., Wall thickness or gauge No. <b>.616</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Stainless Steel <input checked="" 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 type="checkbox"/> Continuous slot <input checked="" 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 <b>65</b> ft. to <b>72</b> ft., From <b>74</b> ft. to <b>97</b> ft. From <b>99</b> ft. to <b>123</b> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>22</b> ft. to <b>124</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____					
Grout Intervals: From <b>2</b> ft. to <b>22</b> 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 Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Topsoil	82	84	Clay
5	20	Sandy, clay, tan	84	97	Sand & gravel, fine to coarse
20	31	Sand	97	98	Clay
31	33	Clay, sandy	98	124	Sand & gravel, fine to medium, small clay streaks
33	46	Sand			
46	47	Clay, tan			
47	55	Sand & gravel, fine to medium			
55	72	Sand & gravel, fine to coarse			
72	73	Clay			
73	82	Sand & gravel, fine to medium			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) <b>03/27/14</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>185</b> This Water Well Record was completed on (mo/day/year) <b>04/03/14</b> under the business name of <b>Clarke Well &amp; Equipment, Inc.</b> by (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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .					