

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No. \_\_\_\_\_

| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | <b>Fraction</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | <b>Section Number</b>                                                                                                                                                            | <b>Township Number</b> | <b>Range Number</b> |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <b>SEDGWICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | <b>NW ¼ SE ¼ SE ¼</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | <b>20</b>                                                                                                                                                                        | <b>T 27S S</b>         | <b>R 2W E/W</b>     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>2112 N CLEARSTONE ST, GODDARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER: MIKE BAALMAN</b><br>RR#, St. Address, Box # : <b>2112 N CLEARSTONE ST</b><br>City, State, ZIP Code : <b>GODDARD, KS 67052</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | <b>4 DEPTH OF COMPLETED WELL 120 ft.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <b>35</b> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield <b>22</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <b>7</b> Domestic (lawn & garden) 10 Monitoring well |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr<br>Sample was submitted _____ Water Well Disinfected? Yes <b>X</b> No _____                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____<br><b>2</b> PVC 4 ABS 7 Fiberglass<br>Blank casing diameter <b>5</b> in. to <b>22</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <b>12</b> in., Weight <b>2.40</b> lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                               |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | <b>CASING JOINTS:</b> Glued _____ Clamped _____<br>Welded _____ Threaded _____<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless steel 5 Fiberglass <b>7</b> PVC 9 ABS 11 Other (specify) _____<br>2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot <b>3</b> Mill slot 5 Gauge wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____                               |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SCREEN-PERFORATED INTERVALS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | From <b>22</b> ft. to <b>120</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>35</b> ft. to <b>120</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>3</b> Bentonite 4 Other _____<br>Grout Intervals From <b>3</b> ft. to <b>35</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br><b>3</b> Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well<br>Direction from well? <b>SOUTH</b> How many feet? <b>15</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>TOP SOIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>15</td> <td>CLAY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>20</td> <td>FINE SAND</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>120</td> <td>SHALE</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                  |                        |                     | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 1 | TOP SOIL |  |  |  | 1 | 15 | CLAY |  |  |  | 15 | 20 | FINE SAND |  |  |  | 20 | 120 | SHALE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TO  | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FROM | TO                                                                                                                                                                               | PLUGGING INTERVALS     |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1   | TOP SOIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15  | CLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20  | FINE SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 120 | SHALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>7-2008</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>740</b> This Water Well Record was completed on (mo/day/year) <b>8-16-08</b><br>under the business name of <b>WENINGER DRILLING INC</b> by (signature) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> Please fill in blanks 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |