

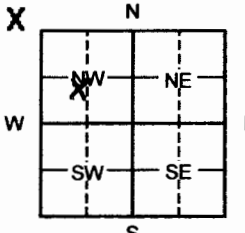
WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. **15946**

1 LOCATION OF WATER WELL: Fraction **Haskell** NE ¼ SW ¼ NW ¼ Section Number **9** Township Number **T 27 S** Range Number **R 31 E/W**
 County: **Haskell** Distance and direction from nearest town or city street address of well if located within city? From Sublette, appx 16 miles North & 7 Miles East **Global Positioning System** (decimal degrees, min. of 4 digits)
 Latitude: **37.71813**
 Longitude: **100.72073**
 Elevation: **2896**
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: **John Koehn**
 RR#, St. Address, Box # : **HCR 1 Box 54**
 City, State, ZIP Code : **Sublette KS. 67877**

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

4 DEPTH OF COMPLETED WELL **360** ft.
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **207** ft. below land surface measured on mo/day/yr **02/21/08**
 Pump test data: Well water was **232** ft. after **4** hours pumping **1671** gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 WELL WATER TO BE USED AS: **5** _____ **8** Air conditioning **11** Injection well
1 Domestic **3** Feed lot **6** Oil field water supply **9** Dewatering **12** Other (Specify below)
 Irrigation **4** Industrial **7** Domestic (lawn & garden) **10** 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: **1** Steel **3** RMP (SR) **6** Asbestos-Cement **9** Other (specify below) **5** Wrought Iron **8** Concrete tile **CASING JOINTS:** Glued _____ Clamped _____
2 PVC **4** ABS **7** Fiberglass _____ Welded
 Blank casing diameter **16** in. to **360** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **12** in., Weight **36** lbs./ft. Wall thickness or gauge No. **.219**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 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:
 Continuous slot **3** Mill slot **5** Gauze 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 **229** ft. to **349** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **551** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: **1** Neat cement **2** Cement grout **3** Bentonite **4** 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:
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? **North East** How many feet? **63**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top soil			
2	12	Sandy clay			
12	103	Sand fine to med course			
103	236	Sand fine to med course w/clay			
236	273	Sand fine to med w/gravel			
273	279	Sandy clay			
279	349	Sand fine to med course clay			
349	363	Sandy clay			
363	415	Sandy clay, cement			
415	429	Sand fine to med course clay			
429	444	Soap stone			
444	450	Soap stone lime stone			

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) 02/20/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 06/10/08 under the business name of Henkle Drilling & Supply Co, Inc. by (signature) Bruce Richmond.

INSTRUCTIONS: 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 <http://www.kdheks.gov/waterwell>.