

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

9,896-D2

1 LOCATION OF WATER WELL: County: Stanton	Fraction ¼ SE ¼ NE ¼ NW ¼	Section Number 36	Township No. T 28 S	Range Number R 40 <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"/> . approx. 0.75 miles southeast of intersection of Hwy 160 & Big Bowe Grade		Global Positioning System (GPS) information: Latitude: .3757380..... (in decimal degrees) Longitude: 101.64442..... (in decimal degrees) Elevation: 3252..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Margaret Josserand RR#, Street Address, Box #: PO Box City, State, ZIP Code : Johnson, KS 67855				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N W E S -----1 mile-----	<p>4 DEPTH OF COMPLETED WELL 652..... ft.</p> <p>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.</p> <p>WELL'S STATIC WATER LEVEL 340..... ft. below land surface measured on mo/day/yr. 11/14/10.....</p> <p>Pump test data: Well water was 430..... ft. after 4..... hours pumping 1027..... gpm</p> <p>EST. YIELD 900..... gpm. Well water was..... ft. after..... hours pumping..... gpm</p> <p>Bore Hole Diameter 24..... in. to..... ft., and..... in. to..... ft.</p> <p>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.....</p> <p>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, mo/day/yr sample was submitted.....</p> <p>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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5 TYPE OF CASING USED: Steel PVC Other.....

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter .16..... in. to 652..... 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 369..... ft. to 419..... ft., From 419..... ft. to 459..... ft.
 From 497..... ft. to 647..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From 20..... ft. to 425..... ft., From 425..... ft. to 652..... 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 OBSERVED**

Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	surface	310	340	sand, fine to small
2	35	brown clay, few sand	340	369	brown clay
35	50	red-brown clay	369	380	sand fine to small, thin clay
50	98	brown clay	380	394	brown clay, few silty sands
98	110	sand fine to med, coarse	394	437	snd fr-md crs sm-md br+wh rk, fw cl
110	148	brown clay, some sand	437	446	brown + yellow sandstone
148	156	sand fine to med	446	456	yellow soapstone, sandstone
156	180	brown-white clay	456	474	shale
180	242	brown clay, silty sands	474	486	soapstone, shale
242	310	sand, fine to med, coarse	486	499	false red bed

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) 11/12/10..... 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) 12/8/10..... under the business name of Hydro Resources Mid-Continent..... 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>.

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County:	Fraction 1/4 1/4 1/4 1/4	Section Number	Township No. T S	Range Number R E 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"/> .		Global Positioning System (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation: Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model:) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: RR#, Street Address, Box #: City, State, ZIP Code :				

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>W</td><td> </td><td> </td><td> </td><td>E</td></tr> <tr><td>-- NW --</td><td> </td><td> </td><td> </td><td></td></tr> <tr><td>-- NE --</td><td> </td><td> </td><td> </td><td></td></tr> <tr><td>-- SW --</td><td> </td><td> </td><td> </td><td></td></tr> <tr><td>-- SE --</td><td> </td><td> </td><td> </td><td></td></tr> <tr><td>S</td><td> </td><td> </td><td> </td><td></td></tr> </table> -----1 mile-----	W				E	-- NW --					-- NE --					-- SW --					-- SE --					S					4 DEPTH OF COMPLETED WELL 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 Bore Hole Diameterin. toft., andin. toft. 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 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 type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface..... in., Weightlbs./ft., Wall thickness or gauge No.

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 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
499	534	soapstone, sandstone			
534	539	false red bed			
539	579	soapstone, sandstone			
579	611	soapstone, sandstone			
611	625	soapstone, sandstone			
625	647	soapstone, grey sandstone			
647	652	soapstone, limestone			
Original Returned to Sender					
for Correction Date: 1/20/11					

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