

## WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

2009-0005

<b>1 LOCATION OF WATER WELL:</b> County: <u>Haskell</u>		Fraction <u>SE 1/4 SE 1/4 NE 1/4</u>	Section Number <u>36</u>	Township Number <u>T 29 S</u>	Range Number <u>R 32 E</u> <b>(W)</b>																		
Distance and direction from nearest town or city street address of well if located within city? <u>Sublette KS: S/E corner of Sublette at the fair grounds Rd 190 and Rd 00 3.4 E on Rd 190</u>			<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																				
<b>2 WATER WELL OWNER:</b> <u>White Exploration Inc</u> RR#, St. Address, Box # : <u>2400 N Woodlawn Ste 115</u> City, State, ZIP Code : <u>Wichita, KS 67220</u>																							
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td>--NW--</td><td>--NE--</td><td> </td></tr><tr><td>W</td><td> </td><td><b>X</b></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>--SW--</td><td>--SE--</td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> S					--NW--	--NE--		W		<b>X</b>				--SW--	--SE--					<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>300</u> ft. Depth(s) Groundwater Encountered (1)..... <u>300</u> ..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>300</u> ..... ft. below land surface measured on mo/day/yr. <u>1-12-09</u> Pump test data: Well water was..... <u>31.5</u> ..... ft. after..... <u>1</u> ..... hours pumping..... <u>90</u> ..... gpm Est. Yield..... <u>90</u> ..... gpm: Well water was..... ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot <b>6</b> Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well  Was a chemical/bacteriological sample submitted to Department? Yes ..... No <b>X</b> .....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <b>X</b> ..... No .....			
--NW--	--NE--																						
W		<b>X</b>																					
--SW--	--SE--																						
<b>5 TYPE OF CASING USED:</b> 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <b>X</b> ..... Clamped..... 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded..... <b>2</b> PVC 4 ABS 7 Fiberglass ..... Threaded..... Blank casing diameter ..... <u>6</u> ..... in. to ..... <u>300</u> ..... ft., Diameter..... in. to ..... ft., Diameter..... in. to ..... ft. Casing height above land surface..... <u>24</u> ..... in., Weight ..... <u>4.074</u> ..... lbs./ft. Wall thickness or gauge No. <u>SDR-21.316</u> ..... TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <b>7</b> 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: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped <b>8</b> Saw cut 10 Other (specify) ..... SCREEN-PERFORATED INTERVALS: From..... <u>300</u> ..... ft. to ..... <u>360</u> ..... ft., From..... ft. to ..... ft. From..... <u>420</u> ..... ft. to ..... <u>440</u> ..... ft., From..... ft. to ..... ft. GRAVEL PACK INTERVALS: From..... <u>240</u> ..... ft. to ..... <u>440</u> ..... ft., From..... ft. to ..... ft. From..... ft. to ..... ft., From..... ft. to ..... ft.																							
<b>6 GROUT MATERIAL:</b> <b>1</b> Neat cement 2 Cement grout 3 Bentonite <b>4</b> Other..... <u>hole plug</u> ..... Grout Intervals: From..... <u>1</u> ..... ft. to ..... <u>25</u> ..... 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 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage <b>15</b> Oil well/gas well ..... Direction from well? ..... <u>West</u> ..... How many feet? ..... <u>250</u> .....																							
<b>FROM TO LITHOLOGIC LOG</b>			<b>FROM TO PLUGGING INTERVALS</b>																				
0	2	Surface	354	365	Sand and clay streaks																		
2	65	Clay	365	450	Sandy clay																		
65	72	Sand	450	470	Clay "tan"																		
72	104	Clay	470		Clay "black"																		
104	112	Sandy clay																					
112	134	Sand																					
134	151	Clay																					
151	287	Sand																					
287	305	Clay																					
305	354	Clay "blue"																					
<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) <u>1-12-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>KWWCL430</u> . This Water Well Record was completed on (mo/day/year) <u>1-12-09</u> under the business name of <u>Howard Drilling Box 806 Beaver, Ok 73932</u> (Signature: <u>Howard Drilling</u> )																							
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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 <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																							