WATER WELL RECORD Form WWC-5

Division of Water Resources; App. No. 8116

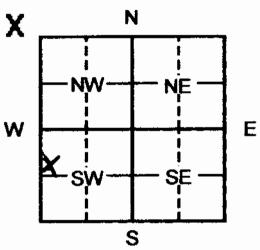
1 LOCATION OF WATER WELL: County: Stanton
Fraction: SW ¼ NW ¼ SW ¼
Section Number: 3 | Township Number: T 29 S | Range Number: R 40 E/(W)

Distance and direction from nearest town or city street address of well if located within city? From Johnson, appx 1 miles south & 3 miles West

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: 37.55242
Longitude: 101.68949
Elevation: 3293
Datum:
Data Collection Method:

2 WATER WELL OWNER: Melvin & Mona Winger
RR#, St. Address, Box # : PO Box 914
City, State, ZIP Code : Johnson KS 67855

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



4 DEPTH OF COMPLETED WELL 593 ft.

Depth(s) Groundwater Encountered 1 ______ ft. 2 ______ ft. 3 ______ ft.
WELL'S STATIC WATER LEVEL 346 ft. below land surface measured on mo/day/yr 12/03/07
Pump test data: Well water was 369 ft. after 4 hours pumping 1364 gpm
Est. Yield ______ gpm: Well water was ______ ft. after ______ hours pumping ______ gpm
WELL WATER TO BE USED AS: 5
1 Domestic 3 Feed lot 6 Oil field water supply 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well
(2) Irrigation 4 Industrial 7 Domestic (lawn & garden) 12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes ____ No x ; If yes, mo/day/yrs Sample was submitted ______ Water Well Disinfected? Yes x No ____

5 TYPE OF CASING USED: (1) Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued ____ Clamped ____ Welded X Threaded ____
Blank casing diameter 16 in. to 593 ft., Dia ______ in. to ______ ft., Dia ______ in. to ______ ft.
Casing height above land surface 12 in., Weight 42 lbs./ft. Wall thickness or gauge No. .250

TYPE OF SCREEN OR PERFORATION MATERIAL:
(1) Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RM (SR) 9 ABS 10 Asbestos-Cement 11 Other (specify) ______ 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
(1) Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Guaze wrapped 6 Wire wrapped 7 Torch cut 8 Saw Cut 9 Drilled holes 10 Other (specify) ______ 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 348 ft. to 388 ft. From 388 ft. to 588 ft.
From ______ ft. to ______ ft. From ______ ft. to ______ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 593 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: None Observed
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide Storage 14 Abandoned water well 15 Oil well/ gas well 16 Other (specify below)
Direction from well? ______ How many feet? ______

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface			
2	40	Clay			
40	59	Sand fine to med course cemented clay			
59	110	Sand fine to med course small gravel			
110	140	Sand fine to med course small to med gravel			
140	163	Sand fine to med lg gravel			
163	169	Clay			
169	220	Sand fine to med thin clay			
220	340	Sand fine to med course small to med gravel, rock			
340	340	Sand fine to med course small to med tight			
340	377	White rock			
377	384	Clay			
384	398	Sand fine to med course small gravel			

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398	421	Clay few fine sand			
421	430	Sand fine Clay			
430	445	Sand fine to med few course rock			
445	467	Sandstone			
467	475	False red bed			
475	494	Soapstone			
494	505	Red Shale yellow soapstone			
505	514	Soapstone, sandstone			
514	540	Soapstone, sandstone tight			
540	559	Sandstone, Soapstone			
559	565	Red Shale			
565	588	Sandstone, soapstone			
588	605	Red Bed hard			

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) **11/30/07** 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) **05/29/08** under the business name of **Henkle Drilling & Supply Co, Inc.** by (signature) _____.

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.