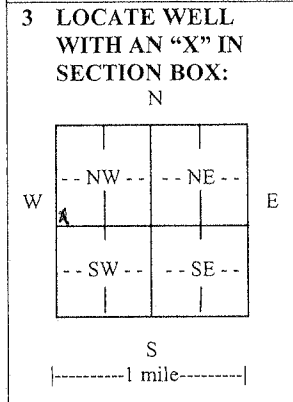


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: <u>Rawlins</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>17</u>	Township No. T <u>2</u> S	Range Number R <u>35</u> <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"/> <u>1/2 mile east of CR W & 8 / E. side of Road</u>		Global Positioning System (GPS) information: Latitude: <u>39.88098</u> (in decimal degrees) Longitude: <u>101.27916</u> (in decimal degrees) Elevation: <u>3279</u> Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: <u>Garmin GPS 72</u>) <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 checked="" type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: RR#, Street Address, Box #: <u>8 CR Box 57</u> City, State, ZIP Code: <u>McDonald KS 67745</u>				



4 DEPTH OF COMPLETED WELL 250 ft.

Depth(s) Groundwater Encountered (1) 171 ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 171 ft. below land surface measured on mo/day/yr. 1-15-2012

Pump test data: Well water was 220 ft. after 2 hours pumping. 250 gpm

EST. YIELD 250 gpm. Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 14 in. to 250 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden 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: Steel PVC Other _____

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 9 in. to 150 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 12 in., Weight 5.594 lbs./ft., Wall thickness or gauge No. 332

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 150 ft. to 250 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 250 ft., From _____ ft. to _____ 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

Direction from well South Distance from well 1200

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	50	Clay			
52	60	Sand w/ Clay streaks			
60	105	Gravel			
105	135	Clay			
135	185	Gravel			
185	235	Gravel w/ streaks of clay			
235	250	Shale			

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) 1-15-2012 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 724 This Water Well Record was completed on (mo/day/year) 1-15-2012 under the business name of B's Pump and Well 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>.