

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

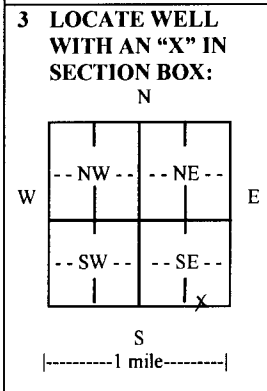
8,355

1 LOCATION OF WATER WELL: County: Stevens	Fraction ¼ SW ¼ SE ¼ SE ¼	Section Number 2	Township No. T 31 S	Range Number R 37 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here approx. 2 miles southeast of Ulysses, KS

Global Positioning System (GPS) information:
 Latitude: .37.37357..... (in decimal degrees)
 Longitude: 101.30631..... (in decimal degrees)
 Elevation: 3062.....
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: David Verner
 RR#, Street Address, Box #: 5504 Olentanav River Rd
 City, State, ZIP Code : Delaware, OH 43015



4 DEPTH OF COMPLETED WELL 510..... ft.

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

WELL'S STATIC WATER LEVEL 280..... ft. below land surface measured on mo/day/yr. 4/24/11.....

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

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

Bore Hole Diameter 24..... in. to 510..... 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 .16..... in. to .510..... 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)

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...305..... ft. to ...385..... ft., From...385..... ft. to ...505..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From...20..... ft. to ...390..... ft., From...390..... ft. to ...510..... 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 Detected

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	top soil	383	392	brown sandy clay w/ some snd strips
2	77	brown sandy clay	392	398	yellow soapstone
77	123	snd fne-med crse w/ many cly strngr	398	469	sndstne w/ couple soapstne strips
123	174	snd fn-md crs w/ few sm cly strngrs	469	505	sandstone
174	214	brown clay	505	510	redbed
214	235	sand fine to med coarse			
235	241	brown clay			
241	344	sand fine to med coarse			
344	365	snd fn-md crs w/ few sm cly strngrs			
365	383	sand fine to med coarse			

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) 4/24/11..... 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) 5/1/11..... under the business name of Hydro Resources..... by (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>.