

**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.

Well ID

Well #3

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b>	Fraction	Section Number	Township Number	Range Number
County: <u>Barber</u>	<u>NE 1/4 NW 1/4 SW 1/4 SW 1/4</u>	<u>13</u>	<u>T 32 S</u>	<u>R 14</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W

<b>2 WELL OWNER:</b> Last Name: <u>Nichols</u> First: <u>Max</u> Business: <u>Nichols Ranch Co.</u> Address: <u>PO Box 515</u> Address: City: <u>Great Bend</u> State: <u>KS</u> ZIP: <u>67530</u>	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <u> Hwy 160: Bittercreek Rd, 5 miles Southwest, 2.1 miles Northwest</u>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <span style="position: absolute; top: 0; left: 0;">NW</span> <span style="position: absolute; top: 0; right: 0;">NE</span> <span style="position: absolute; bottom: 0; left: 0;">SW</span> <span style="position: absolute; bottom: 0; right: 0;">SE</span> <span style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</span> </div> S 1 mile	<b>4 DEPTH OF COMPLETED WELL:</b> <u>120</u> ft. Depth(s) Groundwater Encountered: 1) <u>67</u> ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>67</u> ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) <u>09-07-2016</u> <input checked="" type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: <u>3</u> gpm Bore Hole Diameter: <u>10.25</u> in. to <u>120</u> ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> <u>37.250515</u> ..... (decimal degrees) <b>Longitude:</b> <u>99.80255</u> ..... (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: ..... <b>6 Elevation:</b> <u>1719</u> ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Other <u>Kolar</u>
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<b>7 WELL WATER TO BE USED AS:</b>		
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input checked="" type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: .....

Water well disinfected?  Yes  No

<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....		<b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded	
Casing diameter <u>6</u> in. to <u>120</u> ft.	Diameter <u>6</u> in. to <u>120</u> ft.	Diameter ..... in. to ..... ft.	Diameter ..... in. to ..... ft.
Casing height above land surface <u>24</u> in.	Weight ..... lbs./ft.	Wall thickness or gauge No. <u>SDR 21</u>	
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>			
<input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....	<input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)		
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>			
<input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) .....	<input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)		
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>20</u> ft. to <u>100</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
<b>GRAVEL PACK INTERVALS:</b> From <u>20</u> ft. to <u>120</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.			

<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout, <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....			
Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
<b>Nearest source of possible contamination:</b>			
<input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage	<input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input checked="" type="checkbox"/> Abandoned Water Well	<input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well	
<input type="checkbox"/> Other (Specify) .....			
Direction from well? <u>West</u>		Distance from well? <u>300</u> ft.	

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	12	Top Soil, Red Clay			
12	40	Gray Sandrock, Red Slate			
40	100	Red Shale, Thin Rock layer			
100	120	Red Shales, Gray Clay, Thin Rock layer			
Notes:					

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) 09-07-2016, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 846. This Water Well Record was completed on (mo-day-year) 9-29-2016 under the business name of Nash Water Well Service, LLC. Signature Dean J. Nash