

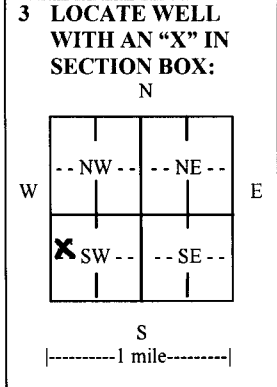
**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

1,520

<b>1 LOCATION OF WATER WELL:</b> County: Meade	Fraction ¼ SW ¼ NW ¼ SW ¼	Section Number 14	Township No. T 32 S	Range Number R 28 <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"/> . approx. 1.6 miles South from Meade, KS		<b>Global Positioning System (GPS) information:</b> Latitude: 37.26110 (in decimal degrees) Longitude: 100.34374 (in decimal degrees) Elevation: <del>2478</del> 2421 Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input checked="" type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: .....) <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 type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER:</b> RR#, Street Address, Box #: Doyle Vermillion City, State, ZIP Code : PO Box 189 Meade, KS 67864				



**4 DEPTH OF COMPLETED WELL** 387 ft.

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

WELL'S STATIC WATER LEVEL.....19 ft. below land surface measured on mo/day/yr.....

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 387.....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 .387..... 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) .....  
 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.....180..... ft. to .....220..... ft., From.....254..... ft. to .....284..... ft.  
From.....312..... ft. to .....382..... ft., From..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From.....20..... ft. to .....290..... ft., From.....290..... ft. to .....387..... 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 ..... Distance from well .....

*NONE OBSERVED*

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	surface	220	251	brown clay, limerock
2	20	brown clay	251	270	snd fn-md crs sm-some md grvl br rk
20	32	brown + yellow, gray clay	270	284	snd fne-md crs sm-fw lrg grvl br rk
32	37	blue clay	284	313	brown clay, some limerock
37	41	brown-yellow clay	313	337	sand, silty
41	47	sand, silty	337	357	brown clay, tight sand
47	158	blue clay	357	382	snd fn-md crs sm-md grv br-tn-wh rk
158	179	brwn clay few white clay some lmrk	382	390	red shale
179	199	sand fine to med few coarse			
199	220	snd fine-md coarse, few sm-md grvl			

**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) .11/10/10..... 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) .12/8/10..... under the business name of ..Hydro Resources Mid-Continent..... 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>.