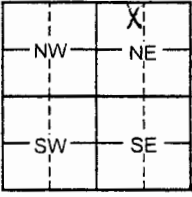


WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No.

1 LOCATION OF WATER WELL: Fraction <u>NE 1/4 NW 1/4 NE 1/4</u>		Section Number <u>30</u>	Township Number <u>T 32 S</u>	Range Number <u>R 8 W</u>
County: <u>Harper</u>		Global Positioning System (decimal degrees, min. of 4 digits)		
Distance and direction from nearest town or city street address of well if located within city? <u>125 S. Main St., Attica, KS</u>		Latitude: <u>N 37.23897°</u>	Longitude: <u>W 98.22561°</u>	
2 WATER WELL OWNER: <u>Wright Oil Inc (J.G Wright)</u>		Elevation: <u>RIM: 1453.90; TOC: 1453.13</u>	Datum: <u>above mean sea level</u>	
RR#, St. Address, Box # : <u>PO Box 367</u>		Data Collection Method: <u>legal survey</u>		
City, State, ZIP Code : <u>Medicine Lodge, KS 67104</u>				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF COMPLETED WELL <u>20</u> ft.			
	MW1			
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
	WELL'S STATIC WATER LEVEL <u>11.33</u> ft. below land surface measured on mo/day/yr <u>9/10/09</u>			
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)				
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>10</u> Monitoring well				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr				
Sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>				
5 TYPE OF CASING USED:				
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<u>2</u> PVC		4 ABS	7 Fiberglass	
Blank casing diameter <u>2</u> in. to <u>10</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing height below land surface <u>0.77</u> ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____		
TYPE OF SCREEN OR PERFORATION MATERIAL:				
1 Steel		3 Stainless steel	5 Fiberglass	<u>7</u> PVC
2 Brass		4 Galvanized steel	6 Concrete tile	8 RM (SR)
9 ABS		11 Other (specify) _____		
10 Asbestos-Cement		12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:				
1 Continuous slot		<u>3</u> Mill slot	5 Gauze wrapped	7 Torch cut
2 Louvered shutter		4 Key punched	6 Wire wrapped	8 Saw Cut
9 Drilled holes		11 None (open hole)		
10 Other (specify) _____				
SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft.				
GRAVEL PACK INTERVALS: From <u>8</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft.				
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite <u>4</u> Other Concrete: <u>0-2</u>				
Grout Intervals From <u>2</u> ft. to <u>8</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:				
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens
2 Sewer lines		5 Cess pool	8 Sewage lagoon	<u>11</u> Fuel storage
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage
				13 Insecticide Storage
				14 Abandoned water well
				15 Oil well/ gas well
				16 Other (specify below) _____
Direction from well? <u>north</u> How many feet? <u>~8ft</u>				
FROM	TO	LITHOLOGIC LOG	FROM	TO
<u>0</u>	<u>3</u>	<u>Grass; then sand, brown, fine to coarse, with silt and trace clay</u>		
<u>3</u>	<u>5</u>	<u>Sand, red brown, fine to coarse, with silt and trace clay</u>		
<u>5</u>	<u>8</u>	<u>Sand, tan, fine to medium, dry</u>		
<u>8</u>	<u>13</u>	<u>Sand, red brown, fine to coarse, moist</u>		
<u>13</u>	<u>20</u>	<u>Sand, gray brown, fine to coarse, maroon red, moist</u>		
Flushmount waiver from BOW				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9/8/09</u> and this record is true to the best of my knowledge and belief.				
Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>10/12/09</u> under the business name of <u>Larsen & Associates, Inc.</u> 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 785-296-5332. 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>.