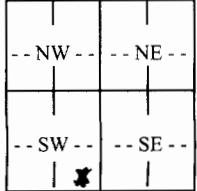


WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Seward</u>	Fraction <u>SE 1/4 SE 1/4 SW 1/4</u>	Section Number <u>10</u>	Township Number <u>T 35 S</u>	Range Number <u>R 34 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Liberal: Hwy 54 & Western Ave 1 S? W Hwy 11</u> <u>1.1 W old Hwy 54 to Co Rd 2 N 1.6 N side of road</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: Charles Scott RR#, St. Address, Box # : <u>1102 S Pennsylvania</u> City, State, ZIP Code : <u>Liberal, KS 67901</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  W E S	4 DEPTH OF COMPLETED WELL <u>320</u> ft. Depth(s) Groundwater Encountered (1)..... <u>138</u> ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... <u>138</u> ft. below land surface measured on mo/day/yr. <u>10-14-10</u> Pump test data: Well water was... <u>158</u>ft. after..... <u>1</u> hours pumping..... <u>7.5</u> gpm Est. Yield: <u>7.5</u>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 <input checked="" type="checkbox"/> 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>; If yes, mo/day/yrs Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No
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5 TYPE OF CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	CASING JOINTS: <input checked="" type="checkbox"/> Glued..... <input type="checkbox"/> Clamped.....
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Welded.....
				<input type="checkbox"/> Threaded.....

Blank casing diameter5..... in. to ..320..... ft., Diameter: in. to ft., Diameter in. to ft.
Casing height above land surface...24..... in., Weight ..3,706.....lbs./ft. Wall thickness or gauge No. SDR .21.316.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless Steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 11 Other (Specify)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized Steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RM (SR)	<input type="checkbox"/> 10 Asbestos-Cement	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 9 Drilled holes	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From...280..... ft. to 320..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From...110..... ft. to 320..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug.....
Grout Intervals: From1..... ft. to 25..... ft., From ft. to ft., From ft. to ft.
What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 13 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 15 Oil well/gas well	

 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	9	Clay			
9	23	Sandy clay			
23	77	Clay caliche and sandy clay			
77	110	Sandy clay and sand			
110	137	Sandy clay streaks and medium sand			
137	150	Sand and clay streaks			
150	230	Sand and sandy clay			
230	323	Sand medium and fine streaks			
323	328	Pink tan and blue clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-14-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. KWCL430. This Water Well Record was completed on (mo/day/year) 10-14-10 under the business name of Howard Drilling Box 806 Beaver, Ok 73033 (signature) Phil Howard

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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 785-296-5522. 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/index.html>.