

WATER WELL RECORD

Form WWC-5

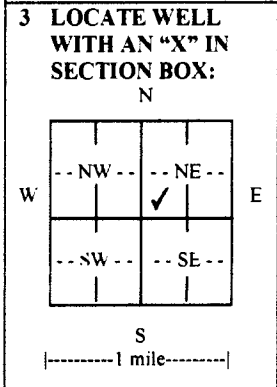
Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Morton	Fraction SW ¼ NE ¼ SW ¼ NE ¼	Section Number 16	Township No. T 35 S	Range Number R 42 <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 .
364 East Highway 56, Elkhart, Kansas

Global Positioning System (GPS) information:
 Latitude: .37.00509..... (in decimal degrees)
 Longitude: -101.88694..... (in decimal degrees)
 Elevation: 3606.19.....
 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: KDHE-BER
 RR#, Street Address, Box #: 1000 SW Jackson
 City, State, ZIP Code : Topeka, Kansas 66612



4 DEPTH OF COMPLETED WELL 215..... ft.
 Depth(s) Groundwater Encountered (1) NA..... ft. (2) NA..... ft. (3) NA..... ft.
 WELL'S STATIC WATER LEVEL 208.40..... ft. below land surface measured on mo/day/yr. 8/28/2014.....
 Pump test data: Well water was NA.....ft. after NA..... hours pumping NA..... gpm
 EST. YIELD NA.....gpm. Well water was NA.....ft. after NA..... hours pumping NA..... gpm
 Bore Hole Diameter 8.5.....in. to 220.....ft., and NA.....in. to NA.....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 MW-1.....
 Was a chemical/bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted NA.....
 Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other.....
 CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter 4..... in. to 215..... ft., Diameter NA..... in. to NA..... ft., Diameter NA..... in. to NA..... ft.
 Casing height above land surface 0..... in., Weight NA.....lbs./ft., Wall thickness or gauge No. Schedule 40.....
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 185..... ft. to 215..... ft., From NA..... ft. to NA..... ft.
 From NA..... ft. to NA..... ft., From NA..... ft. to NA..... ft.
GRAVEL PACK INTERVALS: From 180..... ft. to 220..... ft., From NA..... ft. to NA..... ft.
 From NA..... ft. to NA..... ft., From NA..... ft. to NA..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....
 Grout Intervals: From 2..... ft. to 180..... ft., From NA..... ft. to NA..... ft., From NA..... ft. to NA..... 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.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	26	Silty CLAY			
26	42	Very Fine Silty SAND with Caliche			
42	52	Medium SAND, Trace Caliche			
52	90	Fine to Medium SAND, Some Silt			
90	120	Fine to Medium SAND with Caliche			
120	166	CLAY with Caliche			
166	180	Sandy CLAY			
180	220	Silty CLAY with Caliche, Fine Sand			

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) 8/28/2014..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760..... This Water Well Record was completed on (mo/day/year) 10/29/2014..... under the business name of Associated Drilling, Inc. 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>.