

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.  

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Decatur</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | Fraction <u>SE 1/4 SE 1/4 SE 1/4</u> | Section Number <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Township Number <u>T 3 S</u> | Range Number <u>R 29 E/W</u> |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><u>In Oberlin</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                      | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b><br>RR#, St. Address, Box # : <u>709 S Broadway</u><br>City, State, ZIP Code : <u>Oberlin, KS 67449</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                      | <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4 DEPTH OF COMPLETED WELL</b> <u>52'</u> ft.<br>Depth(s) Groundwater Encountered (1) <u>34'</u> ft. (2) _____ ft. (3) _____ ft.<br>WELL'S STATIC WATER LEVEL <u>34'</u> ft. below land surface measured on mo/day/yr. _____<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield <u>10</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well _____<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr<br>Sample was submitted _____ Water well disinfected? Yes <u>X</u> _____ No _____                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                      | <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> _____ Clamped _____<br>2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>7 Fiberglass _____ Threaded _____<br>Blank casing diameter <u>34"</u> in. to <u>32"</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.<br>Casing height above land surface <u>12"</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. _____<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) _____<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>52</u> ft. to <u>32</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>52</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft. |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____<br>Grout Intervals: From <u>20</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage <u>14 Abandoned water well</u> below<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well<br>Direction from well? _____ How many feet? <u>Owner will plug</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 20%;">PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>28</td> <td>Top</td> <td></td> <td></td> <td></td> </tr> <tr> <td>28</td> <td>34</td> <td>Dirty Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>34</td> <td>36</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td>42</td> <td>Sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td>48</td> <td>Gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>48</td> <td></td> <td>Shale</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 28 | Top |  |  |  | 28 | 34 | Dirty Sand |  |  |  | 34 | 36 | Clay |  |  |  | 36 | 42 | Sand |  |  |  | 42 | 48 | Gravel |  |  |  | 48 |  | Shale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO | LITHOLOGIC LOG                       | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO                           | PLUGGING INTERVALS           |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 28 | Top                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 34 | Dirty Sand                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 36 | Clay                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 42 | Sand                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 48 | Gravel                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Shale                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-1-06</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>398</u> This Water Well Record was completed on (mo/day/year) <u>11-1-06</u><br>under the business name of <u>Polley Dilling</u> by (signature) <u>Theresa E. Polley</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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 <u>constructed</u> well. Visit us at <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                              |      |    |                |      |    |                    |   |    |     |  |  |  |    |    |            |  |  |  |    |    |      |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |