| WATER WELL RECORD Form WWC-5 | | | | | D | Division of Water Resources App. No. | | | |
|---|--|-----------------------------------|--------------------------|--|---------------|---|------------------------|----------------------------|--|
| 1 LOCATION OF WATER WELL: County: Republic | | | Fraction SE ¼ SE ¼ SV | N ¼ SW ¼ | Secti | ion Number 2 | Township No. | Range Number R 3 ☐E ☑W | |
| Street/Rural Address of Well Location; if unknown, distance & direction | | | | | | Global Positioning System (GPS) information: | | | |
| from nearest town or intersection: If at owner's address, check here . | | | | | | Latitude: | | | |
| | 1327 28th St., US Highway 36, Belleville, KS | | | | | Longitude: | | | |
| 1327 Zotil St., OS Highway 30, Believille, KS | | | | | | Elevation: | | | |
| | | | | | | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| 2 WATER WELL OWNER: Atlantic Richfield | | | | | | Collection Method: | | | |
| RR#, Street Address, Box #: 501 Westlake Park Blvd. | | | | | | GPS unit (Make/Model:) | | | |
| City | , State, 2 | ZIP Code : Houstor | n, TX 77079 | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| Est. Accuracy: | | | | | | | | | |
| 3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL .20 ft. | | | | | | | | | |
| 1 | SECTION BOX: Depth(s) Groundwater Encountered (1).~14 | | | | | | | | |
| J. SEC | N WELL'S STATIC WATER LEVEL. 14.45ft. below land surface measured on mo/day/yr | | | | | | | | |
| | | Pumn | test data: Well water | er wac | . UCIOW fi | and surface i | houre num | ning anm | |
| Pump test data: Well water wasft. afterhours EST. YIELDgpm. Well water wasft. afterhours | | | | | | | | | |
| w N | W N | | | in. toft., andin. toft. | | | | | |
| W | | | | D AS: Public water supply | | | | | |
| ' | <u>.</u> . | Domostic | ☐ Feedlot ☐ | Oil field wat | er sunni | ly De | watering D | Other (Specify below) | |
| | W S | Irrigation | ☐ Industrial ☐ | Domestic-la | vn & 92 | arden 171 Mo | nitoring well M | W.6 | |
| | | | bacteriological sampl | | | | | | |
| | S | | day/yr sample was su | | | | 105 | | |
| mile Water well disinfected? ☐ Yes ☑ No | | | | | | | | | |
| | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter .2 | | | | | | | | | |
| Casing height above land surface3.60 in., Weight | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel | | | | | | | | | |
| 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 | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From8 | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Dentonite Other | | | | | | | | | |
| | itervals: | From ft. to | ft., Fron | n | ft. to | ft., | From | . ft. toft. | |
| 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 Lust Site | | | | | | | | | |
| _ | | 11 | itrecuyard | | | | | | |
| FROM | TO | LITHOLOG | | FROM | TO | | | GGING INTERVALS | |
| 0 | 1 | Top soil | | 1110111 | | Diffio. De | C (cont.) or 1 LO | COMO INTERVALO | |
| 1 | 18 | Clay, silty | | | | | | | |
| 18 | 20 | Clay | | | | | | | |
| | | J.J. | | † | | | | | |
| | | | | 1 | | | MW6 | | |
| | | | | 1 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | - | | | | | | | | |
| 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) .09/1.0/2009 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No. 594 This Water Well Record was completed on (mo/day/year) 12/22/2009 | | | | | | | | | |
| under the business name ofCoranco Great Plains, Inc | | | | | | | | | |
| INSTRUC | CTIONS: | Use typewriter or ball point pen. | PLEASE PRESS FIRML | and PRINT cle | arly. Plea | ase fill in blanks | and check the correct | answers. Send three copies | |
| (white, blu | ue, pink) t | o Kansas Department of Health | and Environment, Bureau | of Water, Geolo | gy Section | on, 1000 SW Jac | kson St., Suite 420, T | 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. | | | | | | | | | |
| | | | | | | | | | |
| KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy | | | | | | | | | |