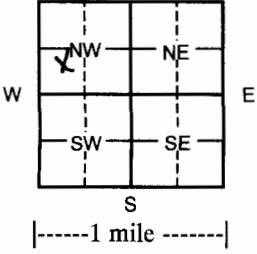


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

20120226

1 LOCATION OF WATER WELL:		Fraction County: Decatur ☒ NE ☐ NE ☐ SW ☐ NW ☐ W		Section Number 30	Township Number T 5 S	Range Number R 30 ☐ E ☒ W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ North of Rexford to Y—East 1 mile to curves—2 miles north-west 1 mile—south into				Global Positioning System (GPS) information: Latitude: N39 35.623 (in decimal degrees) Longitude: W 100 44.158 (in decimal degrees) Elevation: _____ 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: Tuttle Creek Farms LLC RR#, St. Address, Box # : c/o Barbara Osborne City, State, ZIP Code : 242 Lamar Road Americus, GA 31709						
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL 190 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____ 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: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☒ Oil field water supply ☐ Dewatering ☐ Other (Specify below) _____ ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? ☒ Yes ☐ No				
5 TYPE OF CASING USED: ☐ Steel ☒ PVC Other _____ CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded Casing diameter 4.5 in. to 150 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No. 248 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 150 ft. to 190 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20 ft. to 190 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite Other _____ Grout Intervals From 0 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ 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 None Direction from well _____ Distance from well _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	
0	2	Surface	158	172	Fine sand w/clay lenses	
2	23	Loess	172	185	Fine & med sand	
23	37	Fine sand & sandy clay mix w/clay & caliche strks	185	200	Yellow ochre	
37	46	Clay & caliche strks				
46	56	Fine & med sand w/clay & caliche strks				
56	86	Clay & caliche w/sand strks				
86	97	Fine & med sand				
97	101	Caliche				
101	105	Fine to some med sand w/clay & caliche strks				
105	116	Clay & caliche w/sand strks				
116	158					
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) 3/19-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 . This Water Well Record was completed on (mo/day/year) 3-23-2011 under the business name of Woofert Pump & Well Inc. by (signature) <i>Day C. Woofert</i>						
INSTRUCTIONS: 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 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 .						