

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

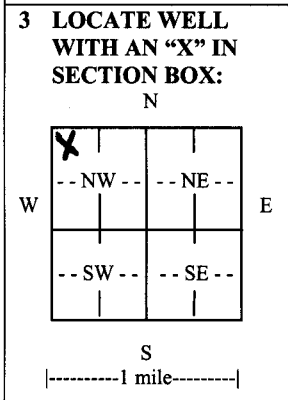
Empty box for application number

1 LOCATION OF WATER WELL: County: Cloud, Fraction: 1/4 NW 1/4 NW 1/4 NW 1/4, Section Number: 1, Township No.: T 6 S, Range Number: R 3, E/W: [ ] E [X] W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [ ]. 1 mile East of Concordia, KS

Global Positioning System (GPS) information: Latitude: ..., Longitude: ..., Elevation: ..., Datum: [ ] WGS 84, [ ] NAD 83, [ ] NAD 27, Collection Method: [ ] GPS unit, [ ] Digital Map/Photo, [ ] Topographic Map, [ ] Land Survey, Est. Accuracy: [ ] <3 m, [ ] 3-5 m, [ ] 5-15 m, [ ] >15 m

2 WATER WELL OWNER: Raymond Mason, RR#, Street Address, Box #: 1767 Quail Rd., City, State, ZIP Code: Concordia, KS 66901



4 DEPTH OF COMPLETED WELL: 78 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... 35..... ft. below land surface measured on mo/day/yr... 10/20/10... Pump test data: Well water was.....ft. after..... hours pumping..... gpm EST. YIELD. 5-8...gpm. Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter .....9.....in. to .....78.....ft., and .....in. to .....ft. WELL WATER TO BE USED AS: [ ] Public water supply [ ] Geothermal [ ] Injection well [X] 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 [X] No If yes, mo/day/yr sample was submitted..... Water well disinfected? [X] Yes [ ] No

5 TYPE OF CASING USED: [ ] Steel [X] PVC [ ] Other CASING JOINTS: [X] Glued [ ] Clamped [ ] Welded [ ] Threaded Casing diameter ...5..... in. to ...68..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface.....12..... in., Weight .....2.37.....lbs./ft., Wall thickness or gauge No. ....21.4..... TYPE OF SCREEN OR PERFORATION MATERIAL: [ ] Steel [ ] Stainless Steel [X] PVC [ ] Other (Specify) [ ] Brass [ ] Galvanized Steel [ ] None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: [ ] Continuous slot [X] 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..... 68..... ft. to ..... 78..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From..... 20..... ft. to ..... 68..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: [ ] Neat cement [ ] Cement grout [X] 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) [X] 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 ....South..... Distance from well ....100.....

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows: 0-2 Topsoil, 2-45 Silty brown clay, 45-60 Fine to medium sand, 60-64 Clay, yellow, 64-77 Sandstone, 77-80 Shale, gray

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [X] constructed, [ ] reconstructed, or [ ] plugged under my jurisdiction and was completed on (mo/day/year) ....10/20/10. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...1.38..... This Water Well Record was completed on (mo/day/year) ...10/26/10..... under the business name of ..Peterson Irrigation, Inc..... by (signature) ..Michael Peterson.....

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.