

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. **MW-2**

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number																																																												
County: Thomas		$\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$		4	T 8 S	R 33 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																												
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> .				Global Positioning System (GPS) information:																																																														
973 ft from north—1612 ft from west 2 WATER WELL OWNER: Agrilience LLC RR#, St. Address, Box # : 16380 Valley Road City, State, ZIP Code : Eden Prairie, MN 55347-3732				Latitude: _____ (in decimal degrees)																																																														
				Longitude: _____ (in decimal degrees)																																																														
				Elevation: _____																																																														
				Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27																																																														
				Collection Method: _____																																																														
				<input type="checkbox"/> GPS unit (Make/Model: _____)																																																														
				<input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey																																																														
				Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																														
3 LOCATE WELL WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL																																																																
<p style="text-align: center;">N W E S -----1 mile----- </p>		200 ft. Depth(s) Groundwater Encountered (1) 165 ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL NA 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: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) _____ <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____																																																																		
CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded																																																																		
Casing diameter 4 in. to 170 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.																																																																		
Casing height above land surface 0 in., Weight 2.07 lbs./ft. Wall thickness or gauge No. .237																																																																		
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																																		
<input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)																																																																		
SCREEN OR PERFORATION OPENINGS ARE:																																																																		
<input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input checked="" type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____																																																																		
SCREEN-PERFORATED INTERVALS:																																																																		
From 170 ft. to 200 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 168 ft. to 200 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																		
6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																																																																		
Grout Intervals From 0 ft. to 168 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																		
What is the nearest source of possible contamination:																																																																		
<input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well Contaminated site Direction from well _____ Distance from well _____																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Surface</td> <td>117</td> <td>133</td> <td>Caliche & clay w/sand strks</td> </tr> <tr> <td>2</td> <td>13</td> <td>Loess</td> <td>133</td> <td>200</td> <td>Fine & med sand w/clay & caliche strks</td> </tr> <tr> <td>13</td> <td>33</td> <td>Fine & med sand w/clay & caliche strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>33</td> <td>40</td> <td>Caliche & clay w/sand lenses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>40</td> <td>47</td> <td>Fine & med sand w/clay & caliche strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>47</td> <td>52</td> <td>Clay & caliche w/sand strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>52</td> <td>63</td> <td>Fine & med sand w/clay & caliche strks</td> <td></td> <td></td> <td></td> </tr> <tr> <td>63</td> <td>105</td> <td>Fine & med sand & gravel w/clay & Caliche lenses</td> <td></td> <td></td> <td></td> </tr> <tr> <td>105</td> <td>117</td> <td>Fine & med sand w/clay & caliche strks</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	2	Surface	117	133	Caliche & clay w/sand strks	2	13	Loess	133	200	Fine & med sand w/clay & caliche strks	13	33	Fine & med sand w/clay & caliche strks				33	40	Caliche & clay w/sand lenses				40	47	Fine & med sand w/clay & caliche strks				47	52	Clay & caliche w/sand strks				52	63	Fine & med sand w/clay & caliche strks				63	105	Fine & med sand & gravel w/clay & Caliche lenses				105	117	Fine & med sand w/clay & caliche strks			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 11/18/10 and this record is true to the best of my knowledge and belief.																																																																		
Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on (mo/day/year) 11/29/10 under the business name of Woofert Pump & Well, Inc by (signature) <i>[Signature]</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 .																																																																		