

Corrected

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Sherman		Fraction SE 1/4 SE 1/4 SE 1/4		Section Number 18	Township Number T 8 S	Range Number R 39 E																																																																		
Distance and direction from nearest town or city street address of well if located within city?				Global Positioning System (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____																																																																				
2 WATER WELL OWNER: K D H E RR#, St. Address, Box # : 1000 SW Jackson St Ste 410 City, State, ZIP Code : Topeka, KS 66612-1367																																																																								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N NW — NE W — E SW — SE S</div>		4 DEPTH OF COMPLETED WELL 270 ft. Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 190.04 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: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well MW-3D Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr Sample was submitted _____ Water Well Disinfected? Yes _____ No X																																																																						
5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ 2 PVC 4 ABS 7 Fiberglass _____ Threaded X Blank casing diameter 4 in. to 220 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 0 in., Weight 2.071 lbs./ft. Wall thickness or gauge No. .237 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauge wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 220 ft. to 270 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 218 ft. to 270 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																								
6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other _____ Grout Intervals From 0 ft. to 216 ft. From 216 ft. to 218 ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 15 Oil well/ gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well Direction from well? _____ How many feet? _____ <div style="text-align: right;">RECEIVED MAY 14 2009 BUREAU OF WATER</div>																																																																								
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>Surface</td><td>91</td><td>100</td><td>Fine to med sd w/clay & caliche lenses</td></tr><tr><td>2</td><td>31</td><td>Loess</td><td>100</td><td>118</td><td>Fine to med sd & small gravel w/clay & Caliche lenses</td></tr><tr><td>31</td><td>40</td><td>Clay</td><td>118</td><td>170</td><td>Fine to med sd w/clay & caliche strks</td></tr><tr><td>40</td><td>48</td><td>Clay w/traces of caliche</td><td>170</td><td>190</td><td>Caliche & clay w/sand strks</td></tr><tr><td>48</td><td>55</td><td>Clay w/caliche strks</td><td>190</td><td>200</td><td>Fine to med sd w/clay & caliche strks</td></tr><tr><td>55</td><td>60</td><td>Fine to med sd & small gravel w/clay</td><td>200</td><td>215</td><td>Caliche & clay w/sand strks</td></tr><tr><td></td><td></td><td>Strks & caliche lenses</td><td>215</td><td>270</td><td>Fine to med sd w/clay & caliche strks</td></tr><tr><td>60</td><td>65</td><td>Fine to med sd w/clay & caliche lenses</td><td></td><td></td><td></td></tr><tr><td>65</td><td>70</td><td>Fine to med sd w/clay & caliche strks</td><td></td><td></td><td></td></tr><tr><td>70</td><td>91</td><td>Caliche & clay w/sand strks</td><td></td><td></td><td></td></tr></tbody></table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	Surface	91	100	Fine to med sd w/clay & caliche lenses	2	31	Loess	100	118	Fine to med sd & small gravel w/clay & Caliche lenses	31	40	Clay	118	170	Fine to med sd w/clay & caliche strks	40	48	Clay w/traces of caliche	170	190	Caliche & clay w/sand strks	48	55	Clay w/caliche strks	190	200	Fine to med sd w/clay & caliche strks	55	60	Fine to med sd & small gravel w/clay	200	215	Caliche & clay w/sand strks			Strks & caliche lenses	215	270	Fine to med sd w/clay & caliche strks	60	65	Fine to med sd w/clay & caliche lenses				65	70	Fine to med sd w/clay & caliche strks				70	91	Caliche & clay w/sand strks			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3-23-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 783 . This Water Well Record was completed on (mo/day/year) 4-10-09 under the business name of Woofter pump & well Inc. by (signature) _____																																																																								

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