Corrected

WATER WELL RECORD Form WWC-5

Division of Water Resources; App. No.

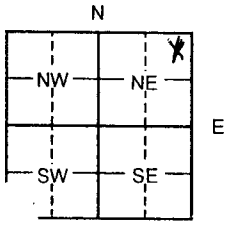
1 LOCATION OF WATER WELL: County: Sherman | Fraction: NE¼ NE¼ NE¼ | Section Number: 19 | Township Number: T 8 S | Range Number: R 39 E (W)

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: KDHE
RR#, St. Address, Box # : 1000 SW Jackson St Ste 410
City, State, ZIP Code : Topeka, Ks 66612-1367

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 290 ft.

Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 193.13 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-15D

Was a chemical/bacteriological sample submitted to Department? Yes ___ No X ; If yes, mo/day/yrs
Sample was submitted ____ Water Well Disinfected? Yes ___ No X

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ___ Clamped ___
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 240 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 Guaze 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 240 ft. to 290 ft. From ___ ft. to ___ ft.
From ___ ft. to ___ ft. From ___ ft. to ___ ft.
GRAVEL PACK INTERVALS: From 238 ft. to 290 ft. From ___ ft. to ___ ft.
From ___ ft. to ___ ft. From ___ ft. to ___ ft.

RECEIVED
MAY 12 2009
BUREAU OF WATER

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ____
Grout Intervals From 0 ft. to 236 ft. From 236 ft. to 238 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) Contaminated site
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well
Direction from well? ____ How many feet? ____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5	Cement	124	172	Fine to med sd w/clay & caliche strks
.5	35	Loess	172	189	Clay & caliche w/sd strks
35	43	Clay w/caliche lenses	189	212	Fine to med sd & small gravel w/clay &
43	67	Clay w/caliche strks			Caliche strks
67	73	Clay & caliche w/traces of sand	212	230	Caliche & clay w/sand strks
73	84	Fine & med sd w/clay & caliche strks	230	240	Fine & med sd w/clay & caliche strks
84	87	Caliche	240	258	Caliche & clay w/sand strks
87	103	Caliche & clay w/sand lenses	258	264	Caliche
103	124	Fine to med sd w/clay lenses & traces of	264	290	Fine to med sd w/clay & caliche strks
		Caliche			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3-25-09 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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