

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

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|--|--|---|---------------------------------|--|
| 1 LOCATION OF WATER WELL: County: <u>Ottawa</u> | Fraction <u>NW¹/₄ NE¹/₄ NE¹/₄</u> | Section Number <u>23</u> | Township Number T <u>9</u> S | Range Number R <u>4</u> E <u>(10)</u> |
| Distance and direction from nearest town or city street address of well if located within city? | | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____ | | |
| 2 WATER WELL OWNER: <u>Key Express</u> RR#, St. Address, Box # : <u>1705 Commercial Cir., Suite 2</u> City, State, ZIP Code : <u>Wamego, KS 66547</u> | | | | |

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| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL <u>65</u> ft. | | | | | | | |
| <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="text-align: center;">N</td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">S</td></tr> </table> | N | | | | | | S | Depth(s) Groundwater Encountered (1)..... <u>40</u> ft. (2)..... _____ ft. (3)..... _____ ft. WELL'S STATIC WATER LEVEL.. <u>23</u> ft. below land surface measured on mo/day/yr. <u>7-9-2010</u> . 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 <u>Domestic</u> 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <u>X</u> No |
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| 5 TYPE OF CASING USED: | 5 Wrought Iron | 8 Concrete tile | CASING JOINTS: Glued <u>X</u> Clamped..... |
| 1 Steel | 3 RMP (SR) | 6 Asbestos-Cement | Welded..... |
| <u>PVC</u> | 4 ABS | 7 Fiberglass | Threaded..... |
| Blank casing diameter <u>6</u> in. to <u>6.5</u> ft., Diameter. _____ in. to _____ ft., Diameter _____ in. to _____ ft. | | | |
| Casing height above land surface..... in., Weightlbs./ft. Wall thickness or gauge No. | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | |
| 1 Steel | 3 Stainless Steel | 5 Fiberglass | <u>PVC</u> |
| 2 Brass | 4 Galvanized Steel | 6 Concrete tile | 8 RM (SR) |
| 9 ABS 11 Other (Specify) 10 Asbestos-Cement 12 None used (open hole) | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | |
| 1 Continuous slot | <u>3 Mill slot</u> | 5 Gauzed wrapped | 7 Torch cut |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped | 8 Saw cut |
| 9 Drilled holes 11 None (open hole) | | | |
| SCREEN-PERFORATED INTERVALS: From..... <u>45</u> ft. to <u>65</u> ft., From ft. to ft. | | | |
| GRAVEL PACK INTERVALS: From..... <u>23</u> ft. to <u>65</u> ft., From ft. to ft. | | | |

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| 6 GROUT MATERIAL: | 1 Neat cement | 2 Cement grout | 3 <u>Bentonite</u> | 4 Other |
| Grout Intervals: From <u>0</u> ft. to <u>23</u> ft., From ft. to 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 |
| 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 |
| 6 Other (specify below) <u>OPEN PASTURE</u> | | | | |
| Direction from well? How many feet? | | | | |

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|-----------|-----------|---|------|----|--------------------|
| <u>0</u> | <u>40</u> | <u>CLAY TO SHALE, MOTTLED WHITE/RED</u> | | | |
| <u>40</u> | <u>61</u> | <u>SANDSTONE</u> | | | |
| <u>61</u> | <u>65</u> | <u>SHALE, GRAY</u> | | | |
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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) 6-23-2010, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760. This Water Well Record was completed on (mo/day/year) 9-2-2010 under the business name of Associated Drilling Inc by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.