Primit # 1021BW Form WWC-5 WATER WELL RECORD Division of Water Original Record Correction Change in Well Use Well ID Resources App. No. Fraction NW.NW.5W1/4 First: Penn Section Number Range Number Township Number 1 LOCATION OF WATER WELL: County: DICKINSON, WW.NW.SW

WELL OWNER: Last Name: H; LL First: Pepw
Business:
Address: 35/2 Najl Rd.
Address: City: Wakefill State: US ZIP: 67487 **(**S/ Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: 
From uplan to North 2 mils to 3 600 kg.
Thur Go 5 mist to Nail Ad + Thin 60 & South 4 DEPTH OF COMPLETED WELL: 120 ft. 5 Latitude // ... 39.06.6/0 ... (decimal degrees)
Longitud // 0.5.55.7... (decimal degrees)
Horizontal Datum: W WGS 84 NAD 83 NAD 27 LOCATE WELL WITH "X" IN SECTION BOX: Source for Latitude/Longitude:

GPS (unit make/model Symmin E Terx 20) below land surface, measured on (mo-day-yr)..... above land surface, measured on (mo-day-yr)..... (WAAS enabled? ☐ Yes ☐ No) - NW - -Pump test data: Well water was ...... ft. ☐ Land Survey ☐ Topographic Map after..... hours pumping ...... gpm Online Mapper: ..... Well water was ..... ft. -- SE -after...... hours pumping ...... gpm 6 Elevation: 1,23.1.......ft, ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map Estimated Yield: 20 gpm
Bore Hole Diameter: 9 in. to 120 ft. and ☐ Other ..... ..... in. to ...... ft. --1 mile-----7 WELL WATER TO BE USED AS: 10. ☐ Oil Field Water Supply: lease ..... 5. Public Water Supply: well ID ..... 1. Domestic: 6. Dewatering: how many wells? ..... Household 11. Test Hole: well ID ..... ☐ Cased ☐ Uncased ☐ Geotechnical ☐ Lawn & Garden 7. Aquifer Recharge: well ID ..... 8. Monitoring: well ID ..... 12. Geothermal: how many bores? ..... ☐ Livestock a) Closed Loop Horizontal Vertical 2. 

Irrigation 9. Environmental Remediation: well ID ..... 3. Feedlot ☐ Soil Vapor Extraction b) Open Loop 

Surface Discharge 

Inj. of Water ☐ Air Sparge 13. Other (specify): ..... 4. Industrial ☐ Recovery ☐ Injection Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: ..... Water well disinfected? Yes No PVC ☐ Steel Other (Specify) ..... ☐ Stainless Steel ☐ Fiberglass Nearest source of possible contamination: ination: Now Close

Lateral Lines Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Septic Tank ☐ Sewage Lagoon ☐ Abandoned Water Well ☐ Sewer Lines ☐ Cess Pool ☐ Fuel Storage ☐ Oil Well/Gas Well ☐ Watertight Sewer Lines ☐ Feedyard ☐ Fertilizer Storage ☐ Seepage Pit Other (Specify) Direction from well? ..... Distance from well?. LITHO. LOG (cont.) or PLUGGING INTERVALS 10 FROM TO LITHOLOGIC LOG TO Notes: 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 19.18. 20/20 dthis record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 19.18. This Water Well Record was completed on (mo-day-year) 19.18. Water Well Record was completed on (mo-day-year) 19.18. Water Well was Constructed, reconstructed, reconstructed, reconstructed, or plugged under my invalidation of water with the second in the best of my knowledge and belief.

Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment of Water, WIS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

KSA 82a-1212

Visit us at http://www.kdheks.gov/waterwell/index.html