| WATER WELL RECORD  | Form WWC                   | 2-5                                     | Division of     | of Water             | r Resources; App. No.                |                          |
|--|----------------------------|---|-----------------|----------------------|--------------------------------------|--------------------------|
| 1 LOCATION OF WATER WELL: County: Dugles   | Eraction SW4               |   | Section Nur     |                      |                                      | Range Number R 2 EW      |
| Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 digits)  |                            |   |                 |                      |                                      |                          |
| located within city 1  Latitude:   |                            |   |                 |                      |                                      |                          |
| 2 WATER WELL OWNER: JAPPY DALRYMALL  |                            |   | Longitude:      |                      |                                      |                          |
| RR#. St. Address. Box # : 2182 114 noted   |                            |   | Elevation:      |                      |                                      |                          |
| City, State, ZIP Code : Full Code  | A KS 660                   | 725                                     | Data Colle      | ection I             | Method:                              |                          |
| City, State, ZIP Code : Full Of Company Control  | PLETED WELL                | 1                                       | \$5             | ft.                  |                                      |                          |
|  |                            |   |                 |                      |                                      | ft                       |
| SECTION BOX: WELL'S STATIC WA  | TER LEVEL                  | <b>5</b> ft.                            | below land      | surface              | measured on mo/day                   | /yr. <b>6:23-18</b> .    |
| N Pump test data   | : Well water was           |   | ft. after       |                      | hours pumping                        | gpm                      |
| Est. Yieldgpm WELL WATER TO B  |                            |   |                 |                      | hours pumping<br>conditioning 11 Inj |                          |
| $ W ^{-NW-1}$ $ E $ $ E $ Domestic 3 Fee   | dlot 6 Oil field           | d water su                              | pply            | 9 Dew                | ratering 12 Ot                       | her (Specify below)      |
|  |                            | •                                       | •               |                      | itoring well                         |                          |
| Was a chemical/bacter  | iological sample sub       | mitted to I                             | Department?     | Yes.                 | No                                   | If ves, mo/dav/vrs       |
| Was a chemical/bacter Sample was submitted   |                            | Wate                                    | r well disinfo  | ected?               | Yes No                               |                          |
|  |                            |   |                 |                      | -                                    |                          |
| 5 TYPE OF CASING USED: 5 Wrought 6 Asbestos  | Iron 8 Con                 | crete tile                              | (halow)         | CASING               | JOINTS: Glued                        | Clamped                  |
| 2 PVC 4 ABS 7 Fiberglass   | Cement 9 Other             | sı (specity                             |                 |                      |                                      |                          |
| Blank casing diameter  | ft., Diameter              | i                                       | n. to           | ft.,                 | Diameter                             | in. toft.                |
| Casing height above land surface   | T in., Weight              | • | .lbs./ft. V     | Vall thi             | ckness or guage No.                  | ·1.3.75                  |
| Blank casing diameter into to the ft., Diameter into the ft., Diamet |                            |   |                 |                      |                                      |                          |
| 2 Brass 4 Galvanized Steal 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 Gr  | s:<br>uazed wrapped = 7 T  | orch cut                                | 9 Drilled       | holes                | 11 None (open he                     | ole) 4//                 |
| 2 Louvered shutter 4 Key punched 6 W   | ire wrapped 8              | Saw Cut                                 | 10 Other        | (specify             | y)                                   |                          |
| SCREEN-PERFORATED INTERVALS: From.   | ft. to                     |   | ft., F1         | rom                  | ft. to                               | ft.                      |
| From ft. to ft., From ft. to ft. ft. GRAVEL PACK INTERVALS: From ft. to ft.  |                            |   |                 |                      |                                      |                          |
| From.  | ft. to                     |   | ft., F          | rom                  | ft. to                               | ft.                      |
| 6 GROUT MATERIAL: 1 Neat cement 2  | Cement grout               | entonite                                | 4 Other         |                      |                                      |                          |
| Grout Intervals: From  | <b>3</b> ft., From         |   | ft. to          | ft                   | ., From                              | ft. toft.                |
| What is the nearest source of possible contamination:  1 Septic tank  1 Septic tank  1 Livestock pens  1 Insecticide Storage  16 Other (specify  |                            |   |                 |                      |                                      |                          |
| 1 Septic tank 2 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)  |                            |   |                 |                      |                                      |                          |
|  | 9 Feedyard                 | 12 Fertiliz                             | zer Storage     |                      | l well/gas well                      |                          |
| Direction from well?   |                            | FROM                                    | •               |                      | PLUGGING INT                         |                          |
| TROM TO EMPOSOR  | 200                        | ac                                      | 7 7             | R                    | al \ 1/1                             |                          |
|  |                            | 80                                      | アフ              | Pel                  | venue How                            | flug                     |
|  |                            |   |                 |                      |                                      | · /                      |
|  |                            | 3                                       | -17             | 180                  | Sal                                  |                          |
|  |                            |   |                 | 77                   |                                      |                          |
|  |                            |   |                 |                      |                                      |                          |
|  |                            |   |                 |                      |                                      |                          |
|  |                            |   |                 |                      |                                      |                          |
| 7 CONTRACTOR'S OR LANDOWNER'S CH   | ERTIFICATION:              | his water                               | well was (1)    | ) constr             | ucted, (2) reconstruct               | ed, or plugged           |
| under my jurisdiction and was completed on (more Kansas Water Well Contractor's License No)  | nay/year)                  | :                                       | ons record i    | is true t<br>npleted | or (mo/day/vear)).                   | varige and belief.       |
| Kansas Water Well Contractor's License No  | of swell And               | in the                                  | (signature)     |                      | on E Val                             | her                      |
| INSTRUCTIONS: Use typewriter or ball point pen PLEA three copies to Kansas Department of Health and Environment  | <b>SE PRESS FIRMLY</b> and | <i>PRIMT</i> clear                      | lv. Please fill | in blanks            | . underline or direle the co         | orrect answers. Send top |
| 785-296-5522. Send one to WATER WELL OWN   |                            |   |                 |                      |                                      |                          |