| WATER WELL | L RECORD | | Form WWC-5 | | | Division of Water Resources App. No. | | | |
|---|----------------|-------------|---|------------------------|--|---|---------------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: JOHNSON | | | Fraction NE 1/4 SW 1/4 SE | '/ SW '/ | Secti | on Number 17 | Township No. | Range Number R 25 ZE W | |
| Street/Rural Address of Well Location; if unknown, distance & direction | | | | | | Global Positioning System (GPS) information: | | | |
| from nearest town or intersection: If at owner's address, check here | | | | | | Latitude: .38,827298 (in decimal degrees) Longitude: -94.661678 (in decimal degrees) | | | |
| | | | | | | Elevation: | | | |
| 2 WATER WEI | | JEFF A | SNER | | | ction Method: | 4, 📋 NAD 65, 🗀 | I NAD 21 | |
| RR#, Street Ad | ldress, Box #: | RIGGS ROAD | | GPS unit (Make/Model:) | | | | | |
| | | | /ELL, KANSAS 66085 | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m | | | |
| 3 LOCATE WELL | L A DED | | PLUGGED | x 200 | | Δ | 6-200' BORE | s | |
| WITH AN "X" I SECTION BOX | | | COMPLETED WELL 200 ft. 6-200' BORES water Encountered (1).0 ft. (2) ft. (3) | | | | | | |
| N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | | | |
| Pump test data: Well water wasft. after hours pumping | | | | | | | | | |
| EST VIELD 0 cmm Well water was 4 efter house numerical | | | | | | | | ping gpm | |
| W Bore Hole Diameter 5.5/8 in. to 200 ft., and in. to | | | | | | | | | |
| | | | | | | | | | |
| Other (Specify below) | | | | | | | | | |
| | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? | | | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | | | |
| Water wen disinfected: Tes (g) 140 | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other H.D. POLYETHYLENE | | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded FUSION | | | | | | | | | |
| Casing diameter $3/4$ in to .200 ft., Diameter in to | | | | | | | | | |
| Casing height above land surface. 36 in., Weight SDR11 lbs./ft., Wall thickness or gauge No160 PSI | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: NONE Steel Stainless Steel PVC Other (Specify) | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: NONE | | | | | | | | | |
| ☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) | | | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. | | | | | | | | | |
| SCREEN-PERFO | RATED INTER | | | | | | | | |
| CDAVE | DACK DITER | TATE. | From | π. to | | ft., From | ft. | to ft. | |
| GRAVEL PACK INTERVALS: | | | | | | | | to ft. | |
| 6 CPOUT MATE | FRIAL ON | Jeat ceme | ent | t 7 Rent | onite [| T Other | | to It, | |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| Septic tank | | | es Pit privy | Livestock | pens | ☐ Insecticide | storage | ner (specify below) | |
| Sewer lines Cesspool | | | Sewage lagoon | age | Abandoned water well | | | | |
| | sewer lines | | | ☐ Fertilizer | | Oil well/ga | | | |
| Direction from well | | | | | | | | | |
| FROM TO | | HOLOG | | FROM | ТО | LITHO, LO | OG (cont.) <u>or</u> PLU | JGGING INTERVALS | |
| | SOIL/CLAY | | SHALE | | | | | | |
| | IME | 193-20 | ULIME | - | | | | | |
| | SANDSTONE | ļ | | 1000 | la - | 6 2001 001 | DEC DI LICOED | VAULT | |
| | LIME SHALE | | | 200 | 3 | PIGH 601 | RES PLUGGED ID BENTONITE | VVIIM | |
| | LIME | | | + | | nion SUL | IN DENTUNITE | | |
| | SHALE | | | + | } | <u> </u> | | | |
| | LIME | | | | | | | | |
| | SHALE | | | | | | | | |
| | LIME | | | | | | | <u></u> | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\mathbb{Z}\) constructed, \(\mathbb{D}\) reconstructed, or \(\mathbb{D}\) plugged | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) .09/03/2015 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No561 This Water Well Record was completed on (mo/day/year) .09/04/2015 | | | | | | | | | |
| under the husiness | name of EVA | INS EN | RGY DEVELOPM | ENT, INC. | hv (| signature) | off fillo/day/year | , | |
| | | | | | | | | answers. Send one copy to | |
| Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | | | |
| Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at | | | | | | | | | |
| L | | | http://www.kdheks.go | v/waterwell/in | iex html | | | | |