| WA   | ATE   | R WELI                     | RECORD                                  | Form WWC-              | 5                                       | Division of Water Resources; App. No. |             |   |                          |
|--|---|----------------------------|---|------------------------|---|---------------------------------------|-------------|---|--------------------------|
| 1  | LOC   | ATION O                    | F WATER WELL:                           | Fraction               |   | Section N                             |             | Township Number                         |                          |
|  | County: Migni Distance and direction from nearest town or cit                             |                            |   | 15W4 NW4 5             | <b>17</b> /4                            |                                       |             |   | R Ja EW                  |
| ı  | 1 4   |                            | :n                                      |                        |   |                                       |             |   |                          |
| _ ا  | ר כ   | しるつ                        | DSAWSTONIE L<br>LOWNER: DON and         | ) Paile                | V<                                      |                                       |             |   |                          |
| 2  | WA'   | TER WEI                    | L OWNER: DOW god                        | JACKIE SIL             | 2 11                                    | Elevation                             | n·          |   |                          |
|  | KK#   | , St. Addre                | SS, BOX # : 27 (-27)                    | OSAWeden               | OI                                      | Datum:                                | ·           |   |                          |
|  | City,   | State, ZIF                 | Code : Pan la                           | CONTRACTOR             | Ka                                      |                                       | lection 1   | Method:                                 |                          |
| 3  | LOC   | ATE WE                     | LL'S 4 DEPTH OF COME                    | PLETED WELL            | 1.5.                                    | <b>A</b>                              | ft.         | 7-150' H                                | le <                     |
|  | LOC   | ATION                      |   |                        |   |                                       |             | 1-130 1                                 | <b>9</b> 70 3            |
|  |   | H AN "X'                   | 1 ()                                    |                        |   |                                       |             |   |                          |
|  | SEC   | TION BO                    |   |                        |   |                                       |             |   |                          |
|  |   | N                          |   | : Well water was       |   |                                       |             |   |                          |
|  |   | '                          | Est. Yield. Non Egpm<br>WELL WATER TO B |                        |   |                                       |             |   |                          |
| w  | NV  | V   NE -                   |   | dlot 6 Oil field       | water siii                              | nnlv                                  | 9 Dev       | ratering 12 Ot                          | her (Specify below)      |
| W  | $\vdash$  |                            | E                                       | ustrial 7 Domestic     |   |                                       |             |   |                          |
|  | ×cu   | 7 CE                       | _                                       |                        | (10111111111111111111111111111111111111 | - B a.e.z)                            |             |   |                          |
|  | Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs |                            |   |                        |   |                                       |             |   |                          |
|  | Sample was submitted Water well disinfected? Yes No x                                     |                            |   |                        |   |                                       |             |   |                          |
| S  |   |                            |   |                        |   |                                       |             |   |                          |
| 5  | TYPE  | OF CAS                     | ING USED: 5 Wrought I                   | fron 8 Concr           | ete tile                                |                                       | CASINO      | G JOINTS: Glued                         | Clamped                  |
|  | 1 5   | Steel                      | 3 RMP (SR) 6 Asbestos-                  | Cement Other           | (specify                                | below)                                |             | Welded.                                 | hsian                    |
| DI   | 2 ]   | PVC 1.                     | 4 ABS 7 Fiberglass                      | .H.D.                  | .re                                     |                                       |             | Threaded                                |                          |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped   |   |                            |   |                        |   |                                       |             |   |                          |
| Casing height as letter and surface  |   |                            |   |                        |   |                                       |             |   |                          |
|  |   |                            |   |                        |   |                                       |             |   |                          |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)  |   |                            |   |                        |   |                                       |             |   |                          |
| SCREEN OR PERFORATION OPENINGS ARE: NON E  |   |                            |   |                        |   |                                       |             |   |                          |
| 1 Continuous slot 3 Mill slot 5 Guazed 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  |   |                            |   |                        |   |                                       |             |   |                          |
| From.         ft. to         ft., From         ft. to         ft.           GRAVEL PACK INTERVALS:         From.         ft. to         ft., From         ft. to         ft.   |   |                            |   |                        |   |                                       |             |   |                          |
|  |   | OKAVEL                     |   | ft. to                 |   |                                       |             |   |                          |
|  |   |                            |   |                        |   |                                       | Troin       |   |                          |
|  |   | UT MATI                    | ERIAL: 1 Neat cement 20                 | Cement grout 3Ben      | tonite                                  | 4 Other                               |             |   |                          |
| Grout Intervals: From  |   |                            |   |                        |   |                                       |             |   |                          |
| Wi   |   |                            | source of possible contaminati          |                        | ) T !                                   | .1                                    | 12.7        |   | 16 041 (                 |
|  |   | Septic tank<br>Sewer line: |   |                        | ) Livesto<br>I Fuel sto                 |                                       |             | ecticide Storage<br>bandoned water well | 16 Other (specify below) |
|  |   |                            | 1                                       | 0 0                    |   | er Storage                            |             | l well/gas well                         | below)                   |
| Di   |   |                            | 1?                                      |                        |   |                                       |             |   |                          |
|  | OM  | TO                         | LITHOLOGIC                              |                        | FROM                                    |                                       |             | PLUGGING INT                            | ERVALS                   |
|  | 0   | 9                          | Limestone                               |                        |   |                                       |             |   |                          |
|  | ğ_  | 115                        | Shale                                   |                        |   |                                       |             |   |                          |
| _  | 15  | 133                        | Limestone                               |                        | 150                                     | _3_                                   | ٦ -         | 150' borcs                              | plagged                  |
|  | 113   | 150                        | shale                                   |                        |   |                                       | 1           |   |                          |
|  |   |                            |   |                        |   |                                       | WITH        | high Solid                              | s bentonite              |
|  |   |                            |   |                        |   |                                       |             | /                                       |                          |
|  |   |                            |   |                        |   |                                       |             |   | <u> </u>                 |
|  |   | _                          |   |                        |   |                                       |             |   |                          |
|  |   |                            |   |                        |   |                                       |             |   |                          |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, of (3) plugged  |   |                            |   |                        |   |                                       |             |   |                          |
|  |   |                            | on and was completed on (mo/o           |                        |   |                                       |             |   |                          |
| Ka   | nsas V  | Water Well                 | Contractor's License No. 5.1            | L This Water V         | Well Rec                                | ord was c                             | ompleted    | on (mo/day/year) . 3                    | -12-06                   |
| un   | der the   | e business                 | name of was fine                        | a Dev. Tre             | by                                      | (signatur                             | re)         | HG. Em                                  | <u> </u>                 |
| INS  | TRUC  | TIONS: Us                  | e typewriter or ball point pen. PLEA.   | SH PRESS FIRMLY and PR | <u>VINT</u> clearl                      | y. Please                             | H in blanks | , underline or circle the co            | orrect 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.kdhe.state.ks.us/geo/waterwells.  |   |                            |   |                        |   |                                       |             |   |                          |