| WATE   | R WEI                            | L RECORD                         | F                    | orm W     | WC-5              | Г  | Division of Wate                                      | er Resources App. N             | o.          |            |   |  |  |
|--|----------------------------------|----------------------------------|----------------------|-----------|-------------------|--|---|---------------------------------|-------------|------------|---|--|--|
|  |                                  | OF WATER WELL:                   | Fraction             | . <u></u> |                   |  | ion Number  |                                 | Range N     | umber      |   |  |  |
| County: Morris   |                                  |                                  | NW 1/4               | 1/4       | 1/4 1             | 4  | 20  | T 16 S                          | R 7         | <b>Z</b> E | $\square W$                             |  |  |
| 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:   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| 3/4  | 3/4 mile Northwest of Wilsey, KS |                                  |                      |           |                   |  |   | Longitude: (in decimal degrees) |             |            |   |  |  |
|  |                                  |                                  |                      |           |                   |  |   | Elevation:                      |             |            |   |  |  |
| 2 WATER WELL OWNER: Lance A. Tischhauser   |                                  |                                  |                      |           |                   |  | Collection Method:                                    |                                 |             |            |   |  |  |
| RR#, Street Address, Box #: 404 Coffin Street  |                                  |                                  |                      |           |                   |  | GPS unit (Make/Model:)                                |                                 |             |            |   |  |  |
| City, State, ZIP Code : Wilsey, KS 66873   |                                  |                                  |                      |           |                   |  | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey |                                 |             |            |   |  |  |
| Est. Accuracy:   <3 m,   3-5 m,   5-15 m,   >15 m  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| 3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| SECTION BOX: Depth(s) Groundwater Encountered (1)  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| Pump test data: Well water wasft. after hours pumping gpm  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| EST. YIELDgpm. Well water wasft. after hours pumping gpm   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| W  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| SWSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| Irrigation   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| S If yes, mo/day/yr sample was submitted   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| water wert districted: 165 170   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| 5 TYPE OF CASING USED: Steel PVC Other   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| CASING JOINTS: Glued Clamped Welded Threaded   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| Casing diameter  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| Casing height above land surface   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel PVC Other (Specify)   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| Brass Galvanized Steel None used (open hole)   |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| ☐ 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  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
|  | CDAV                             | EL PACK INTERVALS:               |                      |           |                   |  |   |                                 |             |            |   |  |  |
|  | UICA V                           | EL FACK IIVIEKVALS.              |                      |           |                   |  |   | ft.                             |             |            |   |  |  |
| 6 GRO  | IIT MA                           | TERIAL: Neat cem                 |                      |           |                   |  |   |                                 |             |            |   |  |  |
|  |                                  | From ft. to                      |                      |           |                   |  |   |                                 |             |            |   |  |  |
|  |                                  | est source of possible cont      |                      | ,         |                   |  | ,   |                                 |             |            |   |  |  |
|  | Septic ta                        |                                  | nes 🔲 Pit pri        | -         | ☐ Livestocl       |  | Insecticide   |                                 | er (specify | below)     |   |  |  |
|  | Sewer li                         |                                  |                      |           | Fuel stor         |  | _   | d water well                    |             |            |   |  |  |
|  |                                  | ht sewer lines                   |                      |           | Fertilizer        |  | Oil well/ga   | as well                         | ••••••      |            |   |  |  |
| FROM   | TO                               | LITHOLOG                         | EIC LOG              |           | FROM              | TO   |   | OG (cont.) or PLU               |             |            |   |  |  |
| 0.0  | 4.5                              | Top Soil                         | iic Lod              |           | TROM              | 10   | EIIIIO, E   | od (cont.) or 1 Ec              | JOINO II    | VILL       | ALS                                     |  |  |
| 4.5  | 5.0                              | Bentonite Plug                   |                      |           | <b>+</b>          |  |   |                                 |             |            |   |  |  |
| 5.0  | 18.0                             | Subsoil and Gravel               |                      |           |                   |  | <b>1</b>  |                                 |             |            |   |  |  |
| 0.0  | 10.0                             | Subsoli and Glavei               |                      |           |                   | <del>                                     </del> | -   |                                 |             |            |   |  |  |
|  | -                                |                                  |                      |           |                   |  | ·   · · · · · · · · · · · · · · · · · ·               |                                 |             |            |   |  |  |
|  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
|  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
|  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
|  |                                  |                                  |                      |           |                   |  |   |                                 |             |            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |
|  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was   constructed,   reconstructed, or   plugged  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| under my jurisdiction and was completed on (mo/day/year) .05/28/20.15 and this record is true to the best of my knowledge and belief.  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| Kansas Water Well Contractor's License No  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| under the business name of Morris County Conservation District by (signature) Bea Litus - Nutchinson INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to                                  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| INSTRU   | CTIONS:                          | Use typewriter or ball point per | n. <u>PLEASE PRE</u> | SS FIRML  | Yand <u>PRINT</u> | clearly. Pl                                      | lease fill in blanks                                  | s and check the correct         | answers. Se | nd one co  | py to                                   |  |  |
| Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suit e 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 |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |
| letephone 785-296-3524. 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a>  |                                  |                                  |                      |           |                   |  |   |                                 |             |            |   |  |  |