| WATE  | R WELL   | RECORD   | Form WW  | /C-5                                      | Division of Water Resources; App. No.          |  |   |  |
|---|--|--|--|---|--|--|---|--|
| 1 LOC   | ATION O  | F WATER WELL:  | Fraction   |   | Section Number                                 |  |   |  |
| Coun  | ty:/// a   | NON  | SE 1/4 NE 1/2  | 4 SE 1/4                                  | 12   | T /7 S   | R 3 EW  |  |
| Dista   | County: MarioN SE 1/4 NE 1/4 SE 1/4  Distance and direction from nearest town or city street address of well if located within city? 3/4 S & 3/4 E of Ranono   |  |  |   |  | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: |   |  |
| locati  | ou within ci   | iy: 79 - 7 77  |  |   | Latitude:                                      |  |   |  |
| 2 WATER WELL OWNER: Rownie Hanschw,   |  |  |  |   | Elevation:                                     |  |   |  |
| RR#   | , St. Addres   | s, Box # : 3 5/6   | 2 Sunflower  | rd  | Datum:   |  |   |  |
| City,   | , State, ZIP   | Code : Ramo  | NA, KS 6747  | 15  | Data Collection                                | Method:  |   |  |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL   |  |  |  |   |  |  |   |  |
| 1   | ATION  |  |  | 70  |  |  |   |  |
| 1   | WITH AN "X" IN Depth(s) Groundwater Encountered (1)  |  |  |   |  |  |   |  |
| SEC   | SECTION BOX: WELL'S STATIC WATER LEVEL3.2ft. below land surface measured on mo/day/yr  Pump test data: Well water wasft. afterhours pumping  |  |  |   |  |  | /yrD.ec.1.8.1.4.7                                 |  |
|   | Est. Yield 10. T. gpm: Well water was  |  |  |   |  |  |   |  |
|   | WELL WATER TO BE USED AS: 5 Public water supply  Note: NW NE |  |  |   |  |  |   |  |
| w   NY  |  |  |  |   |  |  |   |  |
|   | 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well  |  |  |   |  |  |   |  |
| sw  | SW   SE X  |  |  |   |  |  |   |  |
|   | Was a chemical/bacteriological sample submitted to Department? Yes   |  |  |   |  |  |   |  |
| Sample was submitted  |  |  |  |   |  |  |   |  |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped  |  |  |  |   |  |  |   |  |
|   |  | RMP (SR) 6 A   |  | ther (specify                             |  |  | Clamped   |  |
| 2   | PVC 4  | ABS 7 Fi   | iberglass  |   |  | Threaded   | l   |  |
| Blank ca  | ising diame  | ter 5 in. to .   | 30 ft., Diameter.  | i   | n. to ft.,                                     | Diameter   | in. toft.   |  |
|   |  |  |  |   | bs./ft. Wall thi                               | ckness or guage No.  | 5DR-26  |  |
|   |  | OR PERFORATION   |  | S 0.4                                     | BS   | 11 Other (Specify)   |   |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)   |  |  |  |   |  |  |   |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |  |  |  |   |  |  |   |  |
| 1 Continuous slot 3 Mill slot 5 Gauzed 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. 3.0. ft. to 55. ft., From. ft. to ft. From. ft. to ft.   |  |  |  |   |  |  |   |  |
| GRAVEL PACK INTERVALS: From 21. ft. to 55 ft., From ft. to ft.  |  |  |  |   |  |  |   |  |
| From ft. to ft., From ft. to ft.  |  |  |  |   |  |  |   |  |
| 6 GROUT MATERIAL: (1 Neat cement) 2 Cement grout 3 Bentonite 4 Other  |  |  |  |   |  |  |   |  |
|   |  |  |  |   |  |  |   |  |
| Grout Intervals: From   |  |  |  |   |  |  |   |  |
| 1 Septic tank 4 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)  |  |  |  |   |  |  |   |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Withi  |  |  |  |   |  |  |   |  |
|   |  |  | und  |   | y feet?  | PLUGGING INT.  | EDVALS  |  |
| FROM  | TO   |  | DLOGIC LOG   | FROM                                      | TO   | PLUGGING IN I  | ERVALS  |  |
| 9   | 25   | 700 - 011  | 101  |   |  |  |   |  |
| 25  | 38   | Shale & F  | rac LIME Yel   |   |  |  |   |  |
| 38  | 49   |  | ray  |   |  |  |   |  |
| 49  | 5 <b>5</b>   | LIME TH  | 7 N  |   |  | · · · · · · · · · · · · · · · · · · ·                                    |   |  |
|   |  |  |  |   |  |  |   |  |
|   |  |  |  |   |  |  |   |  |
|   |  |  |  |   |  |  |   |  |
|   |  |  |  |   |  |  |   |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged   |  |  |  |   |  |  |   |  |
| under my jurisdiction and was completed on (mo/day/year) Dec. 1.8/0.9 and this record is true to the best of my knowledge and belief.   |  |  |  |   |  |  |   |  |
| Kansas Water Well Contractor's License No Zh. E, This Water Well Record was completed on (mo/day/year). Dec. 28/.0.9.   |  |  |  |   |  |  |   |  |
| under the business name of Water Well Drig by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PHINT clearly. Please fill in blanks underline or circle the orrect answers. Send top  |  |  |  |   |  |  |   |  |
| three conic   | CTIONS: Use<br>es to Kansas I  | e typewriter or ball point p<br>Department of Health and F | en. <u>PLEASE PRESS FIRMLY</u> a<br>Invironment, Bureau of Water ( | and <u>PHINT</u> clear<br>Seology Section | ly. Please fill in blank<br>1000 SW Jackson St | s underline or circle the cause 420. Topeka. Kansas                      | orrect answers. Send top<br>66612-1367. Telephone |  |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suit 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.kdheks.gov/waterwell/index.html.   |  |  |  |   |  |  |   |  |