| WATER WELL RE  |  | Form WWC                            | -5                                      | Division of Water Resources; App. No. |            |              |            |                  |
|--|--|-------------------------------------|---|---------------------------------------|------------|--------------|------------|------------------|
| 1 LOCATION OF WATER WELL:  |  | Fraction                            |   | Section Number                        |            |              | p Number   | Range Number     |
| County: Minn   |  | NW1/4 NW1/4 1                       | NE/4                                    | <u> </u>                              | 4          | T 18         | S          | R J J (E)        |
| County: Night Tiles S R 2 Experimental County: 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?  Latitude:  |  |                                     |   |                                       |            |              |            |                  |
| 37570 PI   | um Creek R   | d Osumbia                           | Nie !                                   | Longitue                              | le:        |              |            |                  |
| 2 WATER WELL OV<br>RR#, St. Address, Bo  | ال يني (يالا VNER: (يالا   | miss la                             |   | Elevatio:                             | n:         |              |            |                  |
| RR#, St. Address, Bo   | x# : 3 15 りょ し   | Plum Crei                           | E Rd.                                   | Datum:                                |            |              |            |                  |
| City, State, ZIP Code  |  |                                     |   |                                       | llection N | Method:      |            |                  |
| 3 LOCATE WELL'S  | OSDNJ do 2001<br>4 DEPTH OF COMP   | PLETED WELL                         | 127                                     | )                                     | ft         | vicinou.     |            |                  |
| LOCATION   | del III of Comi  | LETED WELL                          |   | <i> </i>                              | I l .      |              |            |                  |
| WITH AN "X" IN   | Depth(s) Groundwater   | Encountered (1)                     | NOWE.                                   | ft                                    | (2)        | 4            | i (3)      | ft               |
| SECTION BOX:   | WELL'S STATIC WA   | TER LEVEL (1)                       | C ft 1                                  | 11.<br>selow lan                      | d surface  | measured     | on mo/day/ | 11.<br>Wr        |
| SECTION BOX.   | X: WELL'S STATIC WATER LEVEL. NONCft. below land surface measured on mo/day/yr |                                     |   |                                       |            |              |            |                  |
|  | - $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$                                      |                                     |   |                                       |            |              |            |                  |
| WELL WATER TO BE LIGED AC. 5 Dublic mater annulus 0 Air and Michigan 11 Initiation mail  |  |                                     |   |                                       |            |              |            |                  |
| WELL WATER TO BE USED AS: 3 Public water supply  8 Air conditioning in Injection well  1 Domestic 3 Feedlot 6 Oil field water supply  9 Dewatering 2 Other (Specify below)   |  |                                     |   |                                       |            |              |            |                  |
| W 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well (10 Const.)  |  |                                     |   |                                       |            |              |            |                  |
|  |  |                                     |   |                                       |            |              |            |                  |
| Was a chemical/bacteriological sample submitted to Department? Yes No  |  |                                     |   |                                       |            |              |            |                  |
| Sample was submitted   |  |                                     |   |                                       |            |              |            |                  |
| s  | r  |                                     |   |                                       |            |              |            |                  |
| 5 TVDE OF CASING I   | ICED. 5 Wassalet I   |                                     | 4:1.                                    |                                       | CACDIO     | C IODITC.    | C11        | C11              |
| 5 TYPE OF CASING U   | JSED: 5 Wrought I  | fron 8 Conc                         | rete tile                               | 1                                     | CASING     | J JOIN I S:  | Glued      | Clamped          |
| 1 Steel 3 RM   | P (SR) 6 Asbestos-   | Cement 9 Othe                       | r (specify t                            | below)                                |            |              | Weided:    | usian            |
| Plants again a diameter  | 7 Fiberglass   | A Diamatan                          |   |                                       |            | Di           | i nreaded. |                  |
| 2 PVC 4 ABS 7 Fiberglass Threaded.  Blank casing diameter in. to 130 ft., Diameter in. to ft., Diameter in. to ft.  Casing height above land surface 31 in., Weight 50 R.11 lbs./ft. Wall thickness or guage No. 140 ft.   |  |                                     |   |                                       |            |              |            |                  |
| TYPE OF SCREEN OR  | SUITACEDL  | III., Weight                        | ₹. N.J                                  | )S./1t.                               | wan unic   | kness or g   | uage No. 1 | (C)2.1.7         |
| I II E OF SCREEN OR  | FERIORATION MATE   | MAL. NO.                            | 9 Al                                    |                                       |            |              |            |                  |
|  |  |                                     |   |                                       |            |              |            | <br>L =1=)       |
|  |  | rete tile 8 RM (SR                  | .) 10 A                                 | spesios-C                             | ement      | 12 None      | used (open | noie)            |
| SCREEN OR PERFORATION OPENINGS ARE: 2020 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)   |  |                                     |   |                                       |            |              |            |                  |
| From   |  |                                     |   |                                       |            |              |            |                  |
| GRAVEI DACK  | X INTERVALS: From  | ft to                               | • | 11.,<br>ft                            | From       |              | ft to      | It.<br>A         |
| GRAVELTACE   |  | ft. to .                            |   |                                       |            |              |            |                  |
|  |  |                                     |   |                                       |            |              |            |                  |
| 6 GROUT MATERIAL   | L: 1 Neat cement 2 C   | Cement grout 3 Be                   | ntonite 4                               | 4 Other                               |            |              |            |                  |
|  | om 180 ft. to  | 3 ft From                           | f                                       | t. to                                 | ft         | From         |            | ft. toft.        |
| What is the nearest source   |  |                                     |   |                                       |            | ,            |            |                  |
| 1 Septic tank  | 4 Lateral lines  |                                     | 10 Livesto                              | ck pens                               | 13 Ins     | ecticide sto | orage      | 6 Other (specify |
| 2 Sewer lines  |  |                                     | 11 Fuel sto                             |                                       |            | andoned w    | _          | below)           |
| 3 Watertight sewer   |  |                                     | 2 Fertilize                             |                                       |            | well/gas v   |            |                  |
| Direction from well?   |  |                                     |   |                                       |            | _            |            |                  |
| FROM TO  | LITHOLOGIC   |                                     | FROM                                    | ТО                                    |            |              | GING INTE  |                  |
|  | 10.14.61 A-7   | 200                                 | TROM                                    | 1                                     | 5          | · IC- A      | Boles      |                  |
|  | Strik  |                                     |   |                                       |            | 150          | Doiles     | Plane            |
| 5 105  |  |                                     | 180                                     | ->                                    | 11 (       |              | 1_ 0 .     | 1 7              |
|  | imestane   |                                     | 120                                     | 3_                                    | 77 15/1    | 1 2011       | as per     | 74.34            |
| 151 152  | Shale  |                                     |   |                                       | <u> </u>   |              |            |                  |
| 121 128  | Limester   |                                     |   |                                       |            |              |            |                  |
| 125 145  | Shile  |                                     |   |                                       |            |              |            |                  |
| 145 154  | Limistone  |                                     |   |                                       |            |              |            |                  |
| 154 180  | Strile   |                                     |   |                                       |            |              |            |                  |
|  |  |                                     | *************************************** |                                       |            |              |            |                  |
|  |  |                                     |   |                                       |            |              |            |                  |
| 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) 5 2 and this record is true to the best of my knowledge and belief.   |  |                                     |   |                                       |            |              |            |                  |
| Kansas Water Well Contractor's License No. 5   |  |                                     |   |                                       |            |              |            |                  |
| under the business name of 7 yrs 2 yrs by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEAST PRESS FIRMLY and PRINT clearly. Please fift in blanks, underline or circle the correct and top   |  |                                     |   |                                       |            |              |            |                  |
| <b>INSTRUCTIONS</b> : Use typew  | riter or ball point pen. PLEA  | <u>SH_PRESS FIRMLY</u> and <u>F</u> | <u>PRINT</u> clearly                    |                                       |            |              |            |                  |
| 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 |  |                                     |   |                                       |            |              |            |                  |
| 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.   |  |                                     |   |                                       |            |              |            |                  |
|  |  |                                     |   |                                       |            |              |            |                  |