| WATER WELL RECORD  | Form WWC-5   | Division of Water Resources; App. No.   |             |
|--|--|---|-------------|
| 1 LOCATION OF WATER WELL:  | Fraction   | Section Number Township Number Range Number   | r           |
| Distance and direction from nearest town or  | SE 1/4 SE 1/4 NW 1/4   | 29 T 23S R / (E)  | W           |
| Distance and direction from nearest town or  | city street address of well if   | Global Positioning Systems (decimal degrees, min. of 4 digit  | (s)         |
| located within city?   |  | Latitude:   |             |
| 425 Wh   | out ridge Ct   | Longitude:  |             |
| 2 WATER WELL OWNER: Vanes<br>RR#, St. Address, Box # : 425 w<br>City, State, ZIP Code : 425 w  | 19 Sama des  | Elevation:  |             |
| RR#, St. Address, Box # : 425  |  | Datum:  |             |
| City, State, ZIP Code : To W   | rearriage of   |   |             |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL  |  |   |             |
| LOCATION 4 DEPTH OF CON  | IPLETED WELL   | Z1L.  |             |
|  | or Engagneered (1)   | ft. (2) ft. (3) ft  |             |
| SECTION BOX: WELL'S STATIC W   | ATEDIEVEI 21   | ft helevy land surface massured on mo/day/yr 5-14-08  |             |
| N Pump test da   | to: Well water was   | ft. below land surface measured on mo/day/yr\$=1.40\&ft. after  | 'n          |
| Full Feet Viold on   | m: Well water was  | ft. after hours pumping gpr   | m           |
| WELL WATER TO  |  | er supply 8 Air conditioning 11 Injection well  | 11          |
| NW NE    1 D   |  | supply 9 Dewatering 12 Other (Specify below   | w)          |
|  | ndustrial 7 Domestic (law  | n & garden) 10 Monitoring well  |             |
|  | idustriai / Bomestie (iaw  | if & garden) To Womtoring wen   | •••         |
| SW   SE   Was a chemical/bacte   | eriological sample submitted   | to Department? Yes No X; If yes, mo/day/yı  | rs          |
| Sample was submitte  | d W  | ater well disinfected? Yes No   |             |
| Sample was submitte  |  | ater wen disinfected. Tes   |             |
|  |  | a and |             |
| 5 TYPE OF CASING USED: 5 Wrough  |  | le CASING JOINTS: Glued   |             |
|  | s-Cement 9 Other (spec   | ify below) Welded   |             |
| 2 FVC 4 ABS 7 Fibergla   | SS   | Threaded  |             |
| Blank casing diameter in. to   | ft., Diameter  | in. to  | it.         |
|  |  | lbs./ft. Wall thickness or guage No   | ••          |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  |   |             |
| 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify)  |  |   |             |
| · ·  | ` ,  | 0 Asbestos-Cement 12 None used (open hole)  |             |
| SCREEN OR PERFORATION OPENINGS ARE:  |  |   |             |
| 1 Continuous slot 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 tt. to tt., From tt. to tt.  From ft. to ft., From ft. to ft.  GRAVEL PACK INTERVALS: From 24 ft. to 70 ft., From ft. to ft.   |  |   |             |
| CDANEL BACK INTERNALC. From  | 1 II. to   | 70 A From   | .ե.<br>գ.   |
| GRAVEL PACK INTERVALS: From  | 1 11. 10   | ft., From ft. to f  | .t.         |
| Fron   | 1 It. to   | 1t. to 1  | ι.          |
| 6 CROUT MATERIAL: 1 Neat cement  | Cement grout Rentonite   | 4 Other   |             |
| Grout Intervals: From  | 24 ft From   | ft. to ft., From ft. to   | ft.         |
| What is the nearest source of possible contamina   |  | 16. 60 10, 110111   |             |
| 1 Septic tank 4 Lateral lines  |  | estock pens 13 Insecticide storage 16 Other (specify  | J           |
| 2 Sewer lines 5 Cess pool  |  | el storage 14 Abandoned water well below)   |             |
| 3 Watertight sewer lines 6 Seepage pit   |  | tilizer storage 15 Oil well/gas well  |             |
| Direction from well? South   | 2  | nany feet?  |             |
| FROM TO LITHOLOGI  |  |   |             |
| O 2 Jop Soil   | 1110   | 110001101111111111111111111111111111111   |             |
| 2 23 clay  | A CONTRACT AND TO A CONTRACT A |   | -           |
|  |  |   |             |
| 31 70 Blue Sh  | ale  |   |             |
| 31 70 0 Blue She   | ace_   |   |             |
|  | advisor-samulation   |   | -           |
|  |  |   |             |
|  |  |   |             |
| ·  |  |   |             |
|  |  |   |             |
| - CONTRACTOR OF VICTOR   | DEDOUBLO A COLOR COLOR   |   |             |
| 7 CONTRACTOR'S OR LANDOWNER'S C  | CERTIFICATION: This wa   | iter well was (1) constructed (2) reconstructed, or (3) plugged   | a           |
| 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). and this record is true to the best of my knowledge and belief. |  |   |             |
| Kansas Water Well Contractor's Ligense No  |  |   |             |
| under the business name of   | Willing  | by (signature)  |             |
| three copies to Kansas Department of Health and Environm   | ent Bureau of Water Geology Section  | clearly. Please fill in blanks, underline or the the correct answers. Send tion, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Teleph  | top<br>ione |
| 785-296-5522. Send one to WATER WELL OW  | NER and retain one for your  | records. Fee of \$5.00 for each constructed well. Visit us  |             |
| http://www.kdheks.gov/waterwell/index.html.  |  |   |             |