| Mw-4  |   |                  |                                       |                              |   |  |                       |                            |
|---|---|------------------|---------------------------------------|------------------------------|---|--|-----------------------|----------------------------|
| WATER WELL RECORD Form WWC-5  |   |                  |                                       |                              |   | Division of Water Resources App. No.     |                       |                            |
|   |   | ON OF WA         | ATER WELL:                            | Fraction<br>SE 1/4 SE 1/4 SI | E 4 NE 14   | Section Number                           |                       | Range Number               |
|   | Street/Rural Address of Well Location: if unknown, distance & direction Global Positioning System (GPS) information:  |                  |                                       |                              |   |  |                       |                            |
|   | from near   | est town or i    | intersection: If at o                 | owner's address, chec        | Latitude:   |  |                       |                            |
|   | 4724 E.   | Douglas Av       | venue; Wichita, k                     | (S                           | Longitude:??  | 2808                                     | (in decimal degrees)  |                            |
|   |   | •                |                                       |                              | Elevation:  |  |                       |                            |
| 2   | WATER   | WELL OV          | WNER: Conoco                          | Phillins                     | Datum: WGS 84, 🗹 NAD 83, 🗌 NAD 27<br>Collection Method: |  |                       |                            |
|   |   | eet Address,     | Box #: 1614-02                        | Phillips Building            | GPS unit (Make/Model: Garmin 60)                        |  |                       |                            |
|   | City, Sta   | te, ZIP Code     |                                       | ille, OK 74004               | Digital Map/Ph  | oto, 🔲 Topographi                        | c Map, 🔲 Land Survey  |                            |
| Est. Accuracy:   ✓   3 -5 m, □   5 - 15 m, □   > 15   |   |                  |                                       |                              |   |  |                       | 5-15 m, ∐>15 m             |
| 1   | WITH AN "X" IN<br>SECTION BOX:<br>N 4 DEPTH OF COMPLETED WELL   |                  |                                       |                              |   |  |                       |                            |
|   |   |                  |                                       |                              |   |  |                       |                            |
|   |   |                  |                                       |                              |   |  |                       |                            |
|   |   |                  |                                       |                              |   |  |                       |                            |
|   | NW  |                  |                                       |                              |   |  |                       | ping gpm                   |
| W   |   | X <sup>E</sup>   |                                       |                              |   | t., and $\vdots$ in the supply $\Box$ Ge |                       |                            |
|   |   |                  | Domestic                              |                              |   |  |                       | njection well              |
|   | SW SE Image: SW SE   Image: Image: SW SE Image: Image: SE   Image: Image: Image: Image: SW SE Image: Image: Image: SE   Image: Image |                  |                                       |                              |   |  |                       |                            |
| L   |   |                  |                                       |                              |   |  |                       |                            |
|   | S If yes, mo/day/yr sample was submitted  |                  |                                       |                              |   |  |                       |                            |
|   |   |                  |                                       | fected? 🗌 Yes 🔽              |   |  |                       |                            |
| 5 TYPE OF CASING USED: Steel V PVC Other  |   |                  |                                       |                              |   |  |                       |                            |
| CASING JOINTS: Glued Clamped Welded I Threaded  |   |                  |                                       |                              |   |  |                       |                            |
| Casing diameter .2 in. to   |   |                  |                                       |                              |   |  |                       |                            |
| Casing height above land surfaceFlush   |   |                  |                                       |                              |   |  |                       |                            |
| Steel Stainless Steel VC Other (Specify)  |   |                  |                                       |                              |   |  |                       |                            |
| Brass Galvanized Steel None used (open hole)  |   |                  |                                       |                              |   |  |                       |                            |
| SCREEN OR PERFORATION OPENINGS ARE:   |   |                  |                                       |                              |   |  |                       |                            |
| Continuous slot 2 Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)<br>Louvered shutter Key punched Wire wrapped Saw cut Other (specify)   |   |                  |                                       |                              |   |  |                       |                            |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify)   |   |                  |                                       |                              |   |  |                       |                            |
| From  |   |                  |                                       |                              |   |  |                       |                            |
| GRAVEL PACK INTERVALS: From   |   |                  |                                       |                              |   |  |                       |                            |
| From  |   |                  |                                       |                              |   |  |                       |                            |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ⊠ Bentonite ☐ Other<br>Grout Intervals: From   |   |                  |                                       |                              |   |  |                       |                            |
| What is the nearest source of possible contamination:   |   |                  |                                       |                              |   |  |                       |                            |
| Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)  |   |                  |                                       |                              |   |  |                       |                            |
| ļ   | Sewe  |                  | nes Seepage pi                        |                              | Fuel storage<br>Fertilizer storage                      |  |                       |                            |
| Г   |   |                  |                                       |                              | Distance f  | rom well                                 |                       | ••••••                     |
| FRC   |   |                  | LITHOLOGI                             |                              | FROM  |  |                       | GGING INTERVALS            |
|   | 0 16  | Silty Cla        | ау                                    |                              |   |  |                       |                            |
|   | 6 20  | Sand             |                                       |                              |   |  |                       |                            |
|   |   |                  |                                       |                              |   |  |                       |                            |
|   |   |                  |                                       |                              |   |  |                       |                            |
|   |   |                  |                                       |                              | -   |  |                       |                            |
|   |   |                  |                                       |                              |   |  |                       |                            |
|   |   |                  | · · · · · · · · · · · · · · · · · · · |                              |   |  |                       |                            |
|   |   |                  |                                       |                              |   |  |                       |                            |
|   |   |                  |                                       |                              |   |  |                       |                            |
| 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)  |   |                  |                                       |                              |   |  |                       |                            |
| under the business name of Below Ground Surface, Inc. by (signature)  |   |                  |                                       |                              |   |  |                       |                            |
| INST  | RUCTION   | S: Use typewrite | iter or ball point pen.               | PLEASE PRESS FIRMLY          | and PRINT clea  | rly. Please fill in blanks a             | and check the correct | answers. Send three copies |
| (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.<br>Telephone 785-296-5522. 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 |   |                  |                                       |                              |   |  |                       |                            |
| http://www.kdheks.gov/waterwell/index.html.   |   |                  |                                       |                              |   |  |                       |                            |

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