| WAT  | ER WELL  | RECORD        | Form '  | WWC-5                | Divis             | sion of Water   | }  | TMW-04   |  |
|--|--|---------------|---|----------------------|-------------------|---|--|--|--|
| Ori  | ginal Record   | Correction    | Change  | e in Well Use        | Resou             | irces App. No.  |  | Well ID  |  |
|  |  | WATER WEL     | L:  | Fraction             |                   | ion Number  | Township Numb  |  |  |
| Co   | unty: Sedwid   | k             |   | NW 1/4 NE 1/4 NE 1/4 |                   | 3   | T 27 S   | R 1 ■E□W   |  |
| 2 WELL OWNER: Last Name: First: Street or Rural Address wh   |  |               |   |                      |                   |   |  |  |  |
|  | ness: KDHE   | M. Ingkaan St |   |                      | direction from ne | rection from nearest town or intersection): If at owner's address, check here:  |  |  |  |
| Addr   |  | W Jackson St. |   |                      | ADDROX. 35        | x. 350 West of intersection of N. Hillside St.                                  |  |  |  |
| Addr<br>City:  | 1 1  | 1             | State: Ks.                                      | ZIP:                 | + N Lon           |   | chita, 15.   |  |  |
|  | CATE WELL  |               |   |                      |                   | 1   | 27 7202  | 60   |  |
|  | WITH "X" IN 4 DEPTH OF COMPLETED WELL:   |               |   |                      |                   |   |  |  |  |
|  | Depth(s) Groundwater Encountered: 1)   |               |   |                      |                   | Longitude: 97.300745 (decimal degrees) Horizontal Datum: WGS 84  NAD 83  NAD 27 |  |  |  |
|  | 2)   |               |   |                      |                   |   |  |  |  |
|  | WELL'S STATIC WATER LEVEL: 5.20 ft. below land surface, measured on (mo-day-yr). 4-7-202       |               |   |                      |                   |   | Source for Latitude/Longitude:  GPS (unit make/model:) |  |  |
|  | above land surface, measured on (mo-day-yr)  |               |   |                      |                   | (WAAS enabled? ☐ Yes ☐ No)  |  |  |  |
| N  | Pump test data: Well water was   |               |   |                      |                   | ☐ Land Survey ☐ Topographic Map   |  |  |  |
| w  | E after hours pumping gpm  |               |   |                      |                   |   |  |  |  |
| '  | Well water was ft.   |               |   |                      |                   |   |  |  |  |
| S\   | after hours pumping  |               |   |                      |                   | 6 Flavotio  | NA   | Ground Lavel TTOC  |  |
|  |  | Estimated Y   | mated Yield:gpm<br>e Hole Diameter:f5 in. toft. |                      |                   | 6 Elevation: NA   |  |  |  |
|  | S  | Bore Hole I   |   |                      |                   |   |  |  |  |
| mile  in. to ft.   |  |               |   |                      |                   |   |  |  |  |
| 7 WELL WATER TO BE USED AS:  |  |               |   |                      |                   |   |  |  |  |
|  | Domestic: 5. ☐ Public Water Supply: well ID  |               |   |                      |                   | 10.  Oil Field Water Supply: lease  |  |  |  |
| _  | ☐ Lawn & Garden  |               |   |                      |                   | ☐ Cased ☐ Uncased ☐ Geotechnical  |  |  |  |
|  | ☐ Lawn & Garden ☐ Livestock  7. ☐ Aquifer Recharge: well ID. TMW-04  8. ■ Monitoring: well ID. |               |   |                      |                   |   | nal: how many bore                                     |  |  |
|  | ☐ Irrigation 9. Environmental Remediation: well ID   |               |   |                      |                   | a) Closed Loop  |  |  |  |
| 1  | .  Feedlot Air Sparge Soil Vapor Extr  |               |   |                      |                   | b) Open Loop   Surface Discharge   Inj. of Water                                |  |  |  |
| 4. 🔲 In  | dustrial   |               | Recovery  | ☐ Injection          |                   | 13.  Other  | (specify):   |  |  |
| Was a chemical/bacteriological sample submitted to KDHE?   Yes No If yes, date sample was submitted:   |  |               |   |                      |                   |   |  |  |  |
| Water well disinfected? ☐ Yes ■ No   |  |               |   |                      |                   |   |  |  |  |
| 8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other   |  |               |   |                      |                   |   |  |  |  |
| Casing diameter  |  |               |   |                      |                   |   |  |  |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter in. to Sch 4U  Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.  |  |               |   |                      |                   |   |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  |               |   |                      |                   |   |  |  |  |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)   |  |               |   |                      |                   |   |  |  |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)   |  |               |   |                      |                   |   |  |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |  |               |   |                      |                   |   |  |  |  |
| ☐ Continuous Slot  |  |               |   |                      |                   |   |  |  |  |
| SCREEN PERFORATED INTERVALS: From 8 4 to 18 4 From 4 to 4 From 4 to 6  |  |               |   |                      |                   |   |  |  |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From 8 ft. to 18 ft., From ft. to ft., From ft. to ft.  GRAVEL PACK INTERVALS: From 6 ft. to 18 ft., From ft. to ft., From ft. to ft.   |  |               |   |                      |                   |   |  |  |  |
| 9 GROUT MATERIAL: Neat cement    Cement grout    Rentonite    Other cement pad   |  |               |   |                      |                   |   |  |  |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other cement pad  Grout Intervals: From   |  |               |   |                      |                   |   |  |  |  |
| Nearest source of possible contamination:  |  |               |   |                      |                   |   |  |  |  |
| Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage   |  |               |   |                      |                   |   |  |  |  |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well  |  |               |   |                      |                   |   |  |  |  |
| □W   | atertight Sewer  | Lines         | Seepage Pi                                      | t                    |                   | Fertilizer Storag   | ge 🗌 Oil W   | ell Gas Well   |  |
| ■ O1   | her (Specify)  | PCE Plume     |   | Distance from v      | ΝΔ                |   |  |  |  |
|  |  |               |   |                      |                   |   |  |  |  |
| 10 FR(   | OM TO  | Clay, dark b  | LITHOLO   |                      | FROM              | TO LI   | THO. LOG (cont.)                                       | or PLUGGING INTERVALS  |  |
| 4  | 9  |               |   | i, moist             |                   |   |  |  |  |
| 9  | 14   | Clay, olive,  |   | myritiy moist        |                   |   |  |  |  |
| 14   | 17   |               |   | clightly moist       |                   |   |  | 1900   |  |
| 17   | 18   |               |   | slightly moist       |                   |   |  |  |  |
| 17   | 10   | Clay, Olive,  | uaimp, we                                       | athered shale        |                   |   | 1/11-1   | the state of the s |  |
|  |  |               |   |                      |                   |   |  |  |  |
|  | Notes:   |               |   |                      |                   |   |  |  |  |
|  |  |               |   |                      |                   |   |  |  |  |
| 11 CONTRACTORS OF LANDOWNEDS CERTIFICATION. This water well was a constructed or all placed  |  |               |   |                      |                   |   |  |  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 4-4-2022 and this record is true to the best of my knowledge and belief.    Contractor's License No. 004   This Water Well Record was openalized and (mo-day-year) 5/5/7.]  |  |               |   |                      |                   |   |  |  |  |
| Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on the desired on the desir |  |               |   |                      |                   |   |  |  |  |
| Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo-day-year) . 5.5.7.2 Lunder the business name of Environmental Priority Service, Inc. Signature  |  |               |   |                      |                   |   |  |  |  |
| Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,   |  |               |   |                      |                   |   |  |  |  |
| 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.   |  |               |   |                      |                   |   |  |  |  |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015  |  |               |   |                      |                   |   |  |  |  |

