| 1 LOCATION OF WATER WELL:                                 |                               | WELL RECORD              | Form WWC-5               | KSA 82a<br>Number |                  | ship Number          | Range Number                  |
|---|-------------------------------|--------------------------|--------------------------|-------------------|------------------|----------------------|-------------------------------|
| County: DEDG WILL   | Fraction 1/4                  | SE " N                   |                          | 25                | 1 T              | 27 s                 | R EA                          |
| Distance and direction from nearest town                  |                               |                          |                          |                   |                  | -                    | MW-2                          |
| NATED WELL OWNED:   | ~ 100                         | Co                       |                          |                   |                  |                      |                               |
| RR#, St. Address, Box # : \$70                            | D LUDIA                       | y Crack F                | MICKWAY                  |                   | Boa              | rd of Agriculture    | e, Division of Water Resou    |
| City, State, ZIP Code : DW                                | land Par                      | ile. KS                  | 66218                    |                   |                  | lication Numbe       |                               |
| LOCATE WELL'S LOCATION WITH                               | DEPTH OF COM                  | IPLETED WELL             | 17                       | ft FLEVA          | TION:            | 78.75                |                               |
| AN "X" IN SECTION BOX:                                    | enth(s) Groundwat             | ter Encountered          | 1 / 2                    | ) ft. :           | 2                |                      | . <b>3</b>                    |
| T T T W   | VELL'S STATIC W               | ATER LEVEL . 7           | 8.6. ft. be              | ow land su        | rface measu      | red on mo/day        | /yr                           |
|   |                               |                          |                          |                   |                  | -                    | pumping g                     |
| NW  NE    Es  | •                             |                          |                          |                   |                  |                      | pumping g                     |
|   |                               |                          |                          |                   |                  |                      | .in. to                       |
| w   | VELL WATER TO                 |                          | 5 Public water           |                   | 8 Air condi      |                      | 11 Injection well             |
| -   1   1     1   | 1 Domestic                    | 3 Feedlot                | 6 Oil field water        | r supply          | 9 Dewateri       | ing 1                | 2 Other (Specify below)       |
| 3k  3t  | 2 Irrigation                  | 4 Industrial             | _                        | -                 |                  | A                    |                               |
| i   w   | /as a chemical/bac            | teriological sample      | submitted to Dep         | artment? Y        | 'es1             | ۱۶ yم. کریس: اf y    | es, mo/day/yr sample was      |
| S m   | nitted                        | ,,,,                     |                          | Wa                |                  | infected? Yes        | No 🔨                          |
| 5 TYPE OF BLANK CASING USED:                              | 5                             | Wrought iron             | 8 Concret                | e tile            | CASI             | NG JOINTS: GI        | ued Clamped                   |
| 1 Steel 3 RMP (SR)  | -                             | Asbestos-Cement          |                          | specify below     | •                |                      | elded                         |
| 2)PVC 4 ABS   | 7                             | Fiberglass               |                          |                   |                  |                      | readed 🤼                      |
| Blank casing diameterin. Casing height above land surface | ), to                         | ft., Dia                 | . 69 . in. to .          |                   | ft., Dia         |                      | in. to                        |
|   |                               | ., weight •              |                          |                   |                  |                      |                               |
| TYPE OF SCREEN OR PERFORATION I                           |                               | <b>5</b> % 1             | 7)900                    |                   |                  | 10 Asbestos-ce       |                               |
| 1 Steel 3 Stainless s                                     |                               | Fiberglass               | 8 RMF<br>9 ABS           | . ,               |                  | , .                  | ify)                          |
| 2 Brass 4 Galvanized SCREEN OR PERFORATION OPENINGS       |                               | Concrete tile            |                          |                   | 8 Saw cu         | 12 None used         | 11 None (open hole)           |
| 1 Continuous slot 3 Mill                                  |                               |                          | zed wrapped<br>wrapped   |                   | 9 Drilled        |                      | 11 Mone (open note)           |
| <u> </u>  | punched —                     | 7 Torc                   |                          |                   |                  |                      |                               |
| SCREEN-PERFORATED INTERVALS:                              | From7                         | _                        |                          | ft Ero            |                  |                      | t. to                         |
| OCHEENT EN GIVILD WILLIAMS.                               | -                             |                          | •                        |                   |                  |                      | t. to                         |
| GRAVEL PACK INTERVALS:                                    | From. 5                       | ft to                    | 17                       | ft Fro            | ım               |                      | t. to                         |
| GIVILE I NON INTERVALO.                                   | From                          | ft. to                   | _                        | ft., Fro          |                  |                      | t. to                         |
| 6 GROUT MATERIAL: 1 Neat cer                              | ment _ 2 (                    | Cement grout             | 3 Benton                 | ite 4             | Other            |                      |                               |
| Grout Intervals: Fromft.                                  | to                            | ft., From                | .3 ft. to                | <del></del>       | ft., F           | rom                  | ft. to                        |
| What is the nearest source of possible co                 | ontamination:                 |                          |                          | 10 Lives          | stock pens       | 14                   | Abandoned water well          |
| 1 Septic tank 4 Lateral                                   | lines                         | 7 Pit privy              |                          | 11 Fuel           | storage          | 15                   | i Oil well/Gas well           |
| 2 Sewer lines 5 Cess po                                   | ool                           | 8 Sewage lag             | goon                     | 12 Ferti          | lizer storage    | 16                   | Other (specify below)         |
| 3 Watertight sewer lines 6 Seepag                         | je pit                        | 9 Feedyard               |                          |                   | cticide stora    |                      |                               |
| Direction from well?                                      |                               |                          |                          |                   | any feet?        | William .            | SUC                           |
| FROM TO A ON A  | LITHOLOGIC LO                 | )G                       | FROM                     | то                |                  | PLUGGING             | 3 INTERVALS                   |
| O S TISPIM  | clair                         |                          |                          |                   |                  |                      |                               |
| 5 17 Mar +0   | AUNSON                        |                          |                          |                   |                  |                      |                               |
| 5 1 Clay 4 0  | 14p sum                       |                          |                          |                   |                  |                      |                               |
|   |                               |                          |                          |                   |                  |                      |                               |
|   |                               | <u></u>                  |                          |                   |                  |                      |                               |
|   |                               |                          |                          |                   |                  |                      |                               |
|   |                               |                          |                          |                   |                  |                      |                               |
|   |                               |                          |                          |                   |                  |                      |                               |
|   |                               |                          |                          |                   |                  |                      |                               |
|   |                               |                          |                          |                   |                  |                      |                               |
|   |                               |                          |                          |                   |                  |                      |                               |
|   |                               |                          |                          |                   |                  |                      | CONALCA                       |
|   |                               |                          |                          |                   |                  |                      | (5)                           |
|   |                               |                          |                          |                   |                  |                      | A CARON IN CAR                |
| 7 CONTRACTOR'S OR LANDOWNER'S                             | S_CERFIFICATION               | N: This water well v     | was (1) construc         | ted, (2) rec      | onstructed,      | or (3) plugge        | der my jurisdiction and       |
| completed on (mo/day/year)                                | 4193                          |                          |                          |                   |                  | the best of          | kriowledge and belief Kar     |
| Water Well Contractor's License No                        | 102W                          | This Water \             |                          |                   |                  | 1 67                 | 1/1/1/1/1/3                   |
| under the business name of Law                            | ne, INC.                      |                          |                          | by (signa         | 327              | wen KI               | MUTURINA                      |
| INSTRUCTIONS: Use typewriter or half point per            | in. <u>PLEAS</u> E PRESS FIRM | ALY and PRINT clearly. F | Please fill in blanks, u | nderline or circl | le the correct a | nswers. Send top th  | ee copies to Kansa Department |
| of Health and Environment, Bureau of Water, To            | opeka, Kansas 66620-00        | 001. Telephone: 913-296  | -5545. Send one to V     | VATER WELL C      | WNER and reta    | ain one for your rec | one was                       |
|   |                               |                          |                          |                   |                  |                      | <b>VOMINY</b>                 |