| WATER WELL RECORD FORM WWC-5   |   |              |             |          | Division of Water Resources App. No.   |                               |                           |  |
|--|---|--------------|-------------|----------|--|-------------------------------|---------------------------|--|
| 1 LOCATION<br>County: 50   | OF WATER WELL:  | Fraction     | W 1/4 NW 1/ |          | on Number<br>20  | Township No.<br>T 32 S        | Range Number<br>R 1 ØE □W |  |
| Street/Rural Address of Well Location: if unknown distance & direction   Clobal Positioning System (CPS) information:  |   |              |             |          |  |                               |                           |  |
| from nearest town or intersection: If at owner's address, check here .   |   |              |             |          | Latitude: 37.2588° (in decimal degrees)  Longitude: 97.3471° (in decimal degrees)                        |                               |                           |  |
| Well located south east of E. zorust.s. and  |   |              |             |          | Longitude:   |                               |                           |  |
| N. Seneca Rd. intersection in Wellington, KS   |   |              |             |          | Elevation:   |                               |                           |  |
| 2 WATER WELL OWNER: Wollett and Lincoln  |   |              |             |          | Collection Method:   |                               |                           |  |
| RR#, Street Address, Box #: 4800 Main St., Suite 565   |   |              |             |          | GPS unit (Make/Model: 6  |                               |                           |  |
| City, State, ZIP Code : Kansas City, MO 64/12  |   |              |             |          | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m |                               |                           |  |
| 3 LOCATE WE  | Y Y   |              |             |          |  | , т, <u>г</u> 3-3 п, <u>г</u> | 5-15 III, >15 III         |  |
| WITH AN "X"  | " IN 4 DEPTH OF   | COMPLETED WE |             |          |  |                               |                           |  |
| SECTION BOX  | (-)   |              |             |          |  |                               |                           |  |
| N  | WELL SSTATIC WATER LEVEL  |              |             |          |  |                               |                           |  |
|  | Pump test data: Well water was ft. after hours pumping gpm EST. YIELD gpm. Well water was ft. after hours pumping gpm |              |             |          |  |                               |                           |  |
| W NW NI  | Bore Hole Diameter  |              |             |          |  |                               |                           |  |
| WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well  |   |              |             |          |  |                               |                           |  |
| SW SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)   |   |              |             |          |  |                               |                           |  |
| Irrigation □ Industrial □ Domestic-lawn & garden 🗷 Monitoring well   |   |              |             |          |  |                               |                           |  |
| Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No  If yes, mo/day/yr sample was submitted  |   |              |             |          |  |                               |                           |  |
| S If yes, mo/day/yr sample was submitted   |   |              |             |          |  |                               |                           |  |
|  |   |              |             |          |  |                               |                           |  |
| 5 TYPE OF CASING USED: Steel YPVC Other CASING JOINTS: Glued Clamped Welded Threaded   |   |              |             |          |  |                               |                           |  |
| Casing diameter  |   |              |             |          |  |                               |                           |  |
| Casing height above land surface   |   |              |             |          |  |                               |                           |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |   |              |             |          |  |                               |                           |  |
| ☐ Steel ☐ Stainless Steel     PVC ☐ Other (Specify)  |   |              |             |          |  |                               |                           |  |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:  |   |              |             |          |  |                               |                           |  |
| ☐ Continuous slot ☑ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)   |   |              |             |          |  |                               |                           |  |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify)  |   |              |             |          |  |                               |                           |  |
| SCREEN-PERFORATED INTERVALS: From 20 ft. to  |   |              |             |          |  |                               |                           |  |
| From   |   |              |             |          |  |                               |                           |  |
| GRAVEL PACK INTERVALS: From  |   |              |             |          |  |                               |                           |  |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ Other   |   |              |             |          |  |                               |                           |  |
| Grout Intervals: From  |   |              |             |          |  |                               |                           |  |
| What is the nearest source of possible contamination:  |   |              |             |          |  |                               |                           |  |
| ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well  |   |              |             |          |  |                               |                           |  |
| ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well   |   |              |             |          |  |                               |                           |  |
|  | well  |              |             | from wel |  |                               | •••••                     |  |
| FROM TO  | LITHOLOGI   | C LOG        | FROM        | TO       | LITHO. LO  | G (cont.) <u>or</u> PLUC      | GGING INTERVALS           |  |
| 0 20   | Silty clay  |              | 1           |          |  |                               |                           |  |
|  |   |              | -           | -        |  |                               |                           |  |
|  |   |              |             |          |  |                               |                           |  |
|  |   |              |             |          |  |                               |                           |  |
|  |   |              |             |          |  |                               |                           |  |
|  |   |              |             |          |  |                               |                           |  |
|  |   |              |             |          |  |                               |                           |  |
|  |   |              | -           |          |  |                               |                           |  |
| 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) and this record is true to the best of my knowledge and belief  |   |              |             |          |  |                               |                           |  |
| Kansas Water Well Contractor's License No  |   |              |             |          |  |                               |                           |  |
| under the business name of Below Ground Surface, Inc. by (signature)   |   |              |             |          |  |                               |                           |  |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks 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. |   |              |             |          |  |                               |                           |  |
| 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.  |   |              |             |          |  |                               |                           |  |
| SSA 82a-1212 Check: ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy   |   |              |             |          |  |                               |                           |  |