|   |                 |                  | WATE                     | R WELL RECORD                    | Form WWC-5            | KSA 82a        | -1212                               |                               |
|---|-----------------|------------------|--------------------------|----------------------------------|-----------------------|----------------|-------------------------------------|-------------------------------|
| <b>-</b>  | ON OF WAT       | ER WELL:         | Fraction                 |                                  | Sec                   | tion Number    | Township Number                     | Range Number                  |
| County:   | Killy           |                  | SE S VA                  | NW 1/4 5                         | E 1/4                 | 31             | T 7 6                               | R & EW                        |
| Distance a  | and direction   | from nearest     | town or city street a    | address of well if located North | d within city?        | From           | Mades Allow TAK                     |                               |
|   |                 | A                | ney Hupp                 |                                  |                       | 0              |                                     |                               |
|   |                 |                  | # J property             |                                  |                       | χ,             | Ly Co Pinail 9                      |                               |
| City State  | 7IP Code        | . 11.            | migo, 155                | 66547                            |                       |                | Application Number:                 | Division of Water Resources   |
| LOCATI  | F WELL'S 10     | OCATION WI       | THA DEPTH OF             | COMPLETED WELL                   | 45                    | # ELEV/A       | TION:                               |                               |
| AN "X"  | IN SECTION      | BOX:             | Depth(s) Ground          | dwater Encountered 1.            | <b>.3</b> /           | ft. 2          | 2                                   | 3                             |
| † I   | -               |                  | 1                        |                                  |                       |                |                                     | r                             |
| -   | NW              | NE               |                          |                                  |                       |                |                                     | oumping gpm oumping gpm       |
| <u>.</u>  | - i             | i                | Bore Hole Diam           | eterin. to .                     | 45                    |                | and                                 | n. to                         |
| ₹   | 1               | ı                | WELL WATER               | FQ BE USED AS:                   | 5 Public wate         | r supply       | 8 Air conditioning 1                | Injection well                |
| 7   | I SW            | X!               | 1 Domestie               | 3 Feedlot                        | 6 Oil field wa        | er supply      | 9 Dewatering 12                     | Other (Specify below)         |
|   | 3w ]            | 35               | 2 Irrigation             | 4 Industrial                     | 7 Lawn and g          | arden only     | 10 Monitoring well                  |                               |
| l L   | i               | 1                | Was a chemical           | bacteriological sample s         | ubmitted to De        | epartment? Ye  | es; If ye                           | s, mo/day/yr sample was sub-  |
|   | \$              |                  | mitted                   |                                  |                       | Wa             | ter Well Disinfected? Tes           | No                            |
| TYPE (  | OF BLANK C      | CASING USE       | D:                       | 5 Wrought iron                   | 8 Concre              | ete tile       | CASING JOINTS: Glu                  | ed Clamped                    |
| 1 St  | _               | 3 RMP            | (SR)                     | 6 Asbestos-Cement                | 9 Other               | (specify below | v) We                               | ded                           |
| 2 PV  | /C)             | 4 ABS            | - 0                      | 7 Fiberglass                     |                       |                | Thr                                 | eaded                         |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
| Casing he   | ight above la   | and surface      | <b>. 2</b>               | in., weight A.4.                 |                       |                | ft. Wall thickness or gauge         | No                            |
| TYPE OF   | SCREEN O        | R PERFORA        | TION MATERIAL:           |                                  | (PV                   | ک ا            | 10 Asbestos-cen                     | nent                          |
| 1 Ste   | eel             | 3 Stain          | nless steel              | 5 Fiberglass                     |                       | P (SR)         | 11 Other (specif                    | y)                            |
| 2 Br  | ass             | 4 Galv           | anized steel             | 6 Concrete tile                  | 9 AB                  | S              | 12 None used (d                     | ppen hole)                    |
|   |                 |                  | NINGS ARE 12             | 1000                             | ed wrapped            |                | 8 Saw cut                           | 11 None (open hole)           |
|   | ontinuous slo   |                  |                          | •                                | wrapped               |                | 9 Drilled holes                     |                               |
|   | uvered shutt    |                  | 4 Key punched            | 2.5 7 Torch                      | // 5                  |                | · · · · ·                           |                               |
| SCREEN-   | PERFORATE       | ED INTERVA       |                          | ft. to                           |                       |                |                                     | toft.                         |
|   | DD4V51 D4       | OK 11:TEB./A     | From                     |                                  | 45                    | ft., Fror      | n                                   | toft.                         |
| (   | SHAVEL PA       | CK INTERVA       |                          |                                  |                       |                |                                     |                               |
| G GBOUT   | Γ MATERIAL      | · 1 No           | From                     | ft. to                           | 6 Ponto               | ft., From      |                                     | to ft.                        |
| Grout Inte  | nuale: From     | , ,              | ft to 2.5                | ft From                          | # H                   | 10 4           | ft From                             | ft. to ft.                    |
| What is th  | e nearest so    | nurce of nossi   | ible contamination       |                                  |                       |                |                                     | Abandoned water well          |
| What is the nearest source of possible contamination:  1 Septic tank  4 Lateral lines |                 |                  | ateral lines             | 7 Pit privy                      |                       |                | •                                   | Oil well/Gas well             |
| 2 Sewer lines 5 Cess pool   |                 |                  |                          | 8 Sewage lagoon                  |                       |                | •                                   | Other (specify below)         |
|   |                 | erlines 6 S      | •                        | 9 Feedyard                       |                       |                | ticide storage                      |                               |
| Direction f   | ū               | 1001             |                          |                                  |                       | How mai        | 11/25                               |                               |
| FROM  | ТО              | 7                | LITHOLOGIC               | LOG                              | FROM                  | то             |                                     | INTERVALS                     |
| 0   | 3               | 150 S            | 21 4                     |                                  |                       |                |                                     |                               |
| _3  | 39              | Brown            | Clay                     |                                  |                       |                |                                     |                               |
| Ž/  | 451             | Midia            | m Soud                   | (WITH)                           |                       |                |                                     |                               |
| ~ /   | L'              |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
|   | ļ               |                  |                          |                                  |                       |                |                                     |                               |
|   |                 |                  |                          |                                  |                       |                |                                     |                               |
| 7 CONT  | RACTOR'S        | OR LANDOW        | NER'S CERTIFICAT         | ION: This water well wa          | as (1) constru        | cted (2) reco  | nstructed, or (3) plugged u         | nder my jurisdiction and was  |
| _   | on (mo/day/     |                  | 2/17./                   | G I I                            |                       |                |                                     | newledge and belief. Kansas   |
|   |                 | s License No     | 45/                      | This Water W                     |                       |                |                                     | 13/17.7                       |
| under the   | business na     | me of            | Toldiner 14              | MIL Prilling                     |                       | by (signat     |                                     | CND/SI                        |
|   |                 |                  |                          |                                  | ase fill in blanks, i |                | the correct answers. Send top three | e copies to Kansas Department |
| of Heal   | th and Environm | ent, Bureau of W | ater, Topeka, Kansas 666 | 20-0001. Telephone: 913/296-5    | 545. Send one to      | WATER WELL O   | VNER and retain one for your recor  | ds.                           |