WATER WELL RECORD		Form WWC-5	Div	Division of Water Resources App. No. 47796					
1 LOCATION OF		1			er Township		Range Nu	ımber	
	Lincoln Well Location: if unk	nown distance & direction	SE ¼		T 1		R 10	□E xW	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here   Global Positioning System (GPS) information:  Latitude: (in decimal degrees)									
8.5 miles northeast	1 1	M (in decimal degrees)							
1 WATER WELL	OWNED. MIN	Elevation:	56-54 TH WAS	NO2 PLN	AD 27				
2 WATER WELL OWNER: MHW Enterprises Inc. RR#, St. Address, Box # 819 E Rye Dr				Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 Collection Method:					
City, State, ZIP Code Sylvan Grove, Ks 67481				GPS unit (Make/Model:					
				☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m					
2 LOCATE WELL	Battery o	of 3		Est. Accuracy:	3 < 3  m, $3 < 5  m$	, □ 5-15 m, l	→ >15 m		
3 LOCATE WELL WITH AN "X"	I	COMPLETED WELL		57	C.				
SECTION BOX		COMPLETED WELL		57	··································	6 (2)		£,	
SECTION BOX	WELL'S STAT	dwater Encountered (1) IC WATER LEVEL	1 5 6	halow land sur	food managered o	II. (3) _ n_mo/dou/u			
	7 WELL SSIAI	np test data: Well water		ft ofto	race measured o	n mo/uay/yi	 no	onm	
	FST VIELD	gpm: Well water	was	ft afte	r h	ours pumpi	ng	onm	
NW - NE -	WELL WATER	TO BE USED AS: D	was ublic water	supply $\square$ Go	othermal	□ Injecti	ion well	gpiii	
w	vater sunnly	ater supply  Geothermal  Injection well  pply Dewatering Other (Specify below)							
SW-SE	✓ Irrigation	☐ Industrial ☐ Domestic-							
SW SE ☐ Image Industrial ☐ Domestic-lawn & garden ☐ Monitoring well  Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No									
S If yes, mo/day/yr sample was submitted									
1 mile  Water Well Disinfected?   Yes □ No									
5 TVPF OF CASING USED: Steel X PVC Other									
CASING JOINTS:  Glued  Clamped  Welded  Threaded									
Casing diameter 16 in. to 17 ft., Diameter in. to ft., Diameter in. to ft.  Casing height above land surface 24 in., Weight 16.15 lbs./ft. Wall thickness or gauge No500									
Casing height above land surface 24 in., Weight 16.15 lbs./ft. Wall thickness or gauge No500									
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  SCREEN-PERFORATED INTERVALS: From 17 ft. to 57 ft., From ft. to ft.									
From ft. to ft. From ft to ft									
GRAVEL PACK INTERVALS: From 1. to 1. to 1. to 1. to 1. to 1. From 1. to 1. to 1. ft., From 1. to 1. ft. to							ft.		
		From	it. to	tt.	., From	It. to	o	It.	
6 GROUT MATER	IAL: X Neat cem	ent Cement grout	☐ Bente	onite 🗆 Ot	ther				
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other  Grout Intervals From 0 ft. to 50 ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination:									
What is the nearest so	rce of possible contar	nination:		_		_			
☐ Septic tank☐ Sewer lines	☐ Lateral I		☐ Livestoc		nsecticide storag		ther (specif	y below)	
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well None									
Direction from well  Distance from well									
FROM TO	LITHO	DLOGIC LOG	FROM	TO LI	THO. LOG (con	nt.) or PLUC	GING INT	ERVALS	
0 2	Surface								
2 13	Loess								
13 23	Clay								
23 30 30 39	Clay w/sandstrks River mud & san			-					
39 55	Flat rock w/shale		-						
55 57	Sand strks w/sha		1						
7. CONTRACTOR'S OR LANDOWNER'S CERTIFICATIONS. This was a section of a second section of a section of a section of a section of a second section of a sect									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>constructed</u> , reconstructed, or □ plugged under my jurisdiction and was completed on (mo/day/year) 11-22-201 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 554 . This Water Well Record was completed on (mo/day/year) 3-5-12									
under the business nar			by (signat		Lan!		3		
INSTRUCTIONS: 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 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.									
one for your records. Inc	inde ice of \$3.00 for eac	i constructed well. Visit us at	nup.//www.k	uneks.gov/water	wentinger,fillin.				

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