| WATER WELL RECORD  |   |                      | Form WWC-5   |                 | Division of Water Resources App. No. |  |                        |                       |  |
|--|---|----------------------|--|-----------------|--------------------------------------|--|------------------------|-----------------------|--|
| 1 LOCATION OF WATER WELL:  |   |                      | Fraction   |                 | Secti                                |  |                        | Range Number          |  |
|  | ity: El   |                      | 1/4 1/4 NU   | ) 1/4 NW 1/4    |                                      |  |                        | R / 8 □E <b>25</b> W  |  |
| Street/Rural Address of Well Location; if unknown, distance & direction  Global Positioning System (GPS) information:  |   |                      |  |                 |                                      |  |                        |                       |  |
| from nearest town or intersection: If at owner's address, check here   |   |                      |  |                 |                                      |  |                        |                       |  |
|  |   |                      |  |                 |                                      | Longitude: (in decimal degrees) Elevation:   |                        |                       |  |
| Hays, Ks. (9760) Datum: WGS 84, NAD 83, NAD 27   |   |                      |  |                 |                                      |  |                        | <br>l NAD 27          |  |
| 2 WATER WELL OWNER: 000000000000000000000000000000000000   |   |                      |  |                 |                                      |  |                        |                       |  |
| RR#  | Street A  | Address, Box #: 2717 | 1 Canal  |                 |                                      | OID mile (Mar  |                        | )                     |  |
| City   | , State, Z  | Address, Box #:      | Ks 107101  |                 |                                      | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m |                        |                       |  |
| 2 LOCATE WELL  |   |                      |  |                 |                                      |  |                        |                       |  |
|  | H AN "X   | "IN 4 DEPTH OF       | COMPLETED WEL  | .L              | 67                                   | ft.  |                        |                       |  |
| SECT   | SECTION BOX: Depth(s) Groundwater Encountered (1)                         |                      |  |                 |                                      |  |                        |                       |  |
|  | N WELL'S STATIC WATER LEVEL3/ft. below land surface measured on mo/day/yr |                      |  |                 |                                      |  |                        |                       |  |
| Pump   |   |                      | test data: Well water was                                    |                 |                                      |  |                        |                       |  |
| NWNE EST. YIELD  |   |                      | gpm. Well water wasft. after                                 |                 |                                      |  |                        |                       |  |
| W E Bore Hole Diame  |   |                      | TO BE USED AS: Public water supply Geothermal Injection well |                 |                                      |  |                        |                       |  |
|  |   | [77] D               |  |                 |                                      |  |                        | Other (Specify below) |  |
| SV   | V   S   |                      | ☐ Industrial ☐   | Domestic-lay    | vn & ga                              | arden $\square$ Mo   | onitoring well         | ······                |  |
|  |   |                      | bacteriological sampl  |                 |                                      |  |                        |                       |  |
|  | S   |                      | day/yr sample was su   | bmitted         |                                      |  | _                      |                       |  |
| 1 mile  Water well disinfected? ✓ Yes □ No   |   |                      |  |                 |                                      |  |                        |                       |  |
| 5 TYPE OF CASING USED:  Steel  PVC  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)  |   |                      |  |                 |                                      |  |                        |                       |  |
| 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  |   |                      |  |                 |                                      |  |                        |                       |  |
| From   |   |                      |  |                 |                                      |  |                        |                       |  |
| GRAVEL PACK INTERVALS: From tt. to tt., From tt. to tt.  From ft. to ft., From ft. to ft.  |   |                      |  |                 |                                      |  |                        |                       |  |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other   |   |                      |  |                 |                                      |  |                        |                       |  |
| 6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other   |   |                      |  |                 |                                      |  |                        |                       |  |
| What is the nearest source of possible contamination:  |   |                      |  |                 |                                      |  |                        |                       |  |
| Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)   |   |                      |  |                 |                                      |  |                        |                       |  |
| ☐ Sewer lines ☐ Cesspool ☐ Watertight sewer lines ☐ Seepage pi   |   |                      | Sewage lagoon  | Fuel storag     |                                      | Abandoned  |                        |                       |  |
|  | -   | n well               |  | ☐ Fertilizer st |                                      | ☐ Oil well/ga  |                        | ••••••                |  |
| FROM   | TO  | LITHOLOG             |  | FROM            | TO                                   | LITHO LO   | OG (cont ) or PLI      | IGGING INTERVALS      |  |
| 0  | 2   | TOP Soil             |  |                 |                                      |  | - ( ( ) <u>or</u> 1 DO | CONTO INTERVALO       |  |
| 2  | 14  | CIAY                 |  |                 |                                      |  |                        | 38.74                 |  |
| 26   | .35   | CIMY + SAN           | /  |                 |                                      |  |                        |                       |  |
| 35   | 43  | FINE SAND            |  |                 |                                      |  |                        |                       |  |
| 43   | 50  | CIRY                 |  |                 |                                      |  |                        | ~                     |  |
| 52   | 59  | COARSE SAN           | <i>D</i>   |                 |                                      |  |                        |                       |  |
| 59   | 67  | SHALE                |  |                 |                                      |  | V-18008                |                       |  |
|  |   |                      |  |                 |                                      |  |                        |                       |  |
|  |   |                      |  | -               |                                      |  |                        |                       |  |
| 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) .5./// and this record is true to the best of my knowledge and belief.  |   |                      |  |                 |                                      |  |                        |                       |  |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) .5.//  |   |                      |  |                 |                                      |  |                        |                       |  |
| under the business name of Phonore and white white while serve, 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 429, 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.  |   |                      |  |                 |                                      |  |                        |                       |  |
| KSA 82a-1212   |   |                      |  |                 |                                      |  |                        |                       |  |