

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

Blank box for application number

1 LOCATION OF WATER WELL: County: Ellis, Fraction SW 1/4 SW 1/4 SW 1/4 1/4, Section Number 7, Township No. T 14 S, Range Number R 17 E W, Street/Rural Address of Well Location: 1937 Louie Dr, Hays, KS 67601, Global Positioning System (GPS) information: Latitude, Longitude, Elevation, Datum, Collection Method, Est. Accuracy

2 WATER WELL OWNER: Cederidge Supply, RR#, Street Address, Box #: P.O. box 1738, City, State, ZIP Code : Hays, KS 67601, 3 LOCATE WELL WITH AN "X" IN SECTION BOX: N, W, E, S, 4 DEPTH OF COMPLETED WELL 55 ft., Depth(s) Groundwater Encountered, WELL'S STATIC WATER LEVEL, Pump test data, EST. YIELD, Bore Hole Diameter, WELL WATER TO BE USED AS, Was a chemical/bacteriological sample submitted to Department?, Water well disinfected?

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, 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, GRAVEL PACK INTERVALS

6 GROUT MATERIAL: Neat cement, Cement grout, Bentonite, Other, Grout Intervals, 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, Direction from well, Distance from well

Table with 6 columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows include: 0-2 Top soil, 2-15 Gumbo, 15-23 Gumbo, 23-30 Sand & Gravel, 30-45 Sand & Gravel, 45-48 Sand & mix of shale, 48-55 Shale

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) 05/02/14, Kansas Water Well Contractor's License No. 0199, This Water Well Record was completed on (mo/day/year) 05/14/14 under the business name of Karst Water Well Drilling & Service, Inc. by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. 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