| WATER WELL RECORD   |            |               |                 |               | Form WWC-5                |                 |             | Division of Water Resources; App. No. |                                  |                            |                         |  |
|---|------------|---------------|-----------------|---------------|---------------------------|-----------------|-------------|---------------------------------------|----------------------------------|----------------------------|-------------------------|--|
| 1 LOCATION OF WATER WELL County: SALINE   |            |               |                 |               |                           | Section N       | umber       | Township Number T / S                 | Range Number<br>R <b>2 w</b> E/W |                            |                         |  |
|   |            |               |                 |               | city street               | address of v    | vell if     |                                       | sitioning                        | Systems (decimal de        |                         |  |
| locate  | d within o | ity?          |                 |               | $\sim$                    |                 | Latitude:   |                                       |                                  |                            |                         |  |
|   |            |               | MDL             | KA            | ci C                      | OURT            |             | Longitud                              | e:                               |                            |                         |  |
| 2 WATER WELL OWNER: KEVINI<br>RR#, St. Address, Box # : 1406 k  |            |               |                 |               | KDE+                      | (DEHLEE)        |             |                                       | Elevation:                       |                            |                         |  |
| RR#,  | St. Addre  | ss, Box       | x#: )           | 406           | KACI                      | Coult           | _           | Datum:                                |                                  |                            |                         |  |
| City,   | State, ZII | Code          | ;               | SALD          | JA . 4                    | LS 6            | 740 I       | Data Col                              |                                  |                            |                         |  |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| 1   | ATION      |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1)  |            |               |                 |               |                           |                 |             |                                       |                                  |                            | ft.                     |  |
| SECT  | TION BO    | X:            | WELL'S          | STATIC V      | VATER LI                  | EVEL            | <b>人f</b> t | below land                            | d surface                        | measured on mo/day         | /yr <b>.0</b> .9        |  |
|   | N          |               |                 |               |                           |                 |             |                                       |                                  | hours pumping              |                         |  |
| Est. Yieldgpm: Well water was   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| W S Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well  |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
|   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs  |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| Sample was submitted  |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
|   | S          |               | Sumpre .        |               | •                         |                 | ,,          |                                       |                                  | 200 17471111 210 11111     |                         |  |
| 5 TVPF  | OF CAS     | ING I         | SED:            | 5 Wrough      | nt Iron                   | 8 Con           | crete tile  |                                       | CASIN                            | G JOINTS: Glued            | ✓ Clamped               |  |
| 1   | Steel      |               | P (SR)          |               | os-Cement                 | 9 Othe          | er (specify | y below)                              | CASH                             | Welded                     | Clamped                 |  |
|   |            | 4 ABS         | ()              | 7 Fibergla    | ass                       | , Oun           |             |                                       |                                  | Threaded                   |                         |  |
| Blank cas   | sing diam  | eter          | نا <b>ت</b> iı  | n. to         | .7 ft., I                 | Diameter        |             | in. to                                | ft.,                             | Diameter                   | intoft.                 |  |
| Casing he   | eight abov | e land        | surface         | 14            | in., \                    | Weight <b>/</b> | 6D          | .lbs./ft.                             | Wall thic                        | ckness or guage No.        | SDE 26                  |  |
| TYPE O  | F SCREE    | N OR F        | PERFORA         | TION MA       | ΓERIAL:                   |                 |             |                                       |                                  |                            |                         |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)  |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| SCREEN  | OR PER     | FORA'         | TION OPI        | ENINGS A      | RE:                       |                 |             |                                       |                                  |                            |                         |  |
| 1 Continuous slot 3 Mill slot 23.25 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)  |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| SCREEN-PERFORATED INTERVALS:       From.       4.7       ft. to       5.2       ft., From       ft. to       ft.         From.       ft. to       ft., From       ft. to       ft.         GRAVEL PACK INTERVALS:       From.       ft. to       ft., From       ft. to       ft.                   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| 1   | GRAVEI     | PACK          | INTERV          | AIS: From     | n <b>4</b> )              | ft to           | .ی          | <b>ኃ</b> የተ                           | From                             | ft to                      |                         |  |
| '   | OICH V LL  | MON           | LINILICY        | Fror          | n                         | ft to           |             | ft                                    | From                             | ft. to                     | ft.                     |  |
|   |            |               |                 | 1101          |                           |                 |             |                                       | 110111                           |                            |                         |  |
| 6 GROU  | JT MATI    |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| Grout Int   |            |               |                 |               |                           | ft., From       |             | . ft. to                              | f                                | t., From                   | ft. toft.               |  |
| 1   |            |               |                 | le contamin   |                           |                 |             |                                       |                                  |                            |                         |  |
| 1 Septic tank 4 Lateral lines 7 P   |            |               |                 |               |                           |                 |             | tock pens                             |                                  | secticide Storage          | 16 Other (specify       |  |
| 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit  |            |               |                 |               | 8 Sewage lagoon 11 Fuel s |                 |             |                                       |                                  |                            |                         |  |
| <u>3 \</u>  | Vatertight | sewer         | lines 6         | Seepage pit   | 9 Feedy                   | yard            |             | zer Storage                           |                                  | il well/gas well           | •••••                   |  |
|   | ·          | 1?            |                 | ITHOLOG       |                           |                 |             | ny feet?                              | 0                                | PLUGGING INT               |                         |  |
| FROM  | TO         | - <del></del> |                 |               |                           |                 | FROM        | 1 TO                                  |                                  | PLUGGING INT               | ERVALS                  |  |
| Q<br>Y  |            |               | LL 01           |               | ROWA                      | <u> </u>        |             |                                       |                                  |                            |                         |  |
| 7   | 36         |               | HY 7            |               | MEN                       | TAL             |             |                                       |                                  |                            |                         |  |
| 52  | 52         |               |                 | INC TO        |                           |                 |             |                                       |                                  |                            |                         |  |
| 102   |            | 0 -           | THLL            | GRAY          | FIFIR                     | -0              |             |                                       |                                  |                            |                         |  |
|   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
|   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
|   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
|   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
|   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| under my jurisdiction and was completed on (mo/day/year) 25   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| under the business name of PEST 1006ER Pums SEDVICE by (signature) Paul Bullion Send top INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the effect answers. Send top   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
| INSTRUC   | TIONS: Us  | e typewi      | riter or ball p | point pen. PL | EASE PRES                 | S FIRMLY and    | PRINT clea  | rly. Please fil                       | ll in blanks                     | s, underline or circle the | frect answers. Send top |  |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Sufte 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us a |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |
|   |            |               | ell/index.html  |               | TILK and                  | Totalii Olic I  | oi youi i   |                                       | OI \$5.                          |                            | won. visit us at        |  |
|   |            |               |                 |               |                           |                 |             |                                       |                                  |                            |                         |  |