| WATER WELL RECORD   |                              | Form WWC-5                         |  | Division of Water Resources App. No.                      |                                   |                              |                  |                  |  |
|---|------------------------------|------------------------------------|--|---|-----------------------------------|------------------------------|------------------|------------------|--|
| 1 LOCATION OF WATER WELL:   |                              | Fraction SE14 NW SCUSE 14          |  | Section   | Section Number Township No. T / S |                              |                  |                  |  |
| Street/Rural Address of Well Location; i  |                              |                                    |  |   | <i>l Po</i> sitionina             | T / S<br>System (GPS) in     |                  | □E <b>X</b> W    |  |
|   | vner's address, check here . |                                    |  |   |                                   |                              | nal degrees)     |                  |  |
| 823 EILEEN LANE   |                              |                                    | Longitude: (in decimal degrees) Elevation:   |   |                                   |                              |                  |                  |  |
| 2 WATER WELL OWNER: DAUID CROSS   |                              |                                    |  | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27<br>Collection Method: |                                   |                              |                  |                  |  |
| RR#, Street Address, Box #: 813 EILEEN LANK<br>City, State, ZIP Code : 813 EILEEN LANK  |                              |                                    | ANK  | GPS unit (Make/Model:)                                    |                                   |                              |                  |                  |  |
| City, State, ZIP Code : SAL   |                              | INA, KY                            | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m |   |                                   |                              |                  |                  |  |
| 3 LOCATE WELL   |                              | • •                                |  |   |                                   |                              |                  |                  |  |
| WITH AN "X" IN 4 SECTION BOX: De  | DEPTH OF C                   | OMPLETED WEI                       | 11 A2  | אַ<br>₽   | n                                 | ft (°                        | 3)               | A                |  |
| WITH AN "X" IN SECTION BOX:  N  4 DEPTH OF COMPLETED WELL ft. ft. (2) ft. (3) ft. (3) ft. (2) ft. (2) ft. (3) ft. (4) well surface measured on mo/day/yr. ft. (5) ft. (6) ft. (7) ft. (8) ft. (8) ft. (9) ft. (1) ft. (1) ft. (1) ft. (1) ft. (2) ft. (1) ft. (3) ft. (1) ft. (1) ft. (1) ft. (2) ft. (1) ft. (3) ft. (4) ft. |                              |                                    |  |   |                                   |                              | ay/yr. <b>-/</b> | 29-11            |  |
|   | Pump                         | test data: Well water wasft. after |  |   |                                   |                              |                  |                  |  |
| NW NE ES  | gpm. Well water was          |                                    |  |   |                                   |                              |                  |                  |  |
|   | eter                         |                                    |  |   |                                   |                              |                  |                  |  |
|   |                              |                                    |  |   |                                   |                              |                  |                  |  |
| SW SE   Domestic   Feedlot   Oli field water supply   Dewatering   Other (Specify below)   Trigation   Industrial   Monitoring well   Monitoring well   Domestic   Dom          |                              |                                    |  |   |                                   |                              |                  |                  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No   |                              |                                    |  |   |                                   |                              |                  |                  |  |
| S If yes, mo/day/yr sample was submitted  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| 5 TYPE OF CASING USED: Steel PVC Other Other  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| CASING JOINTS: Glued Clamped Welded Threaded  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| CASING JOINTS: Solution Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight Isolated Welded Threaded  Casing height above land surface in., Weight Isolated in., Wall thickness or gauge No. Solution in.   |                              |                                    |  |   |                                   |                              |                  |                  |  |
| Casing height above land surface  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel VPVC Other (Specify)   |                              |                                    |  |   |                                   |                              |                  |                  |  |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |                              |                                    |  |   |                                   |                              |                  |                  |  |
| ☐ Continuous slot   |                              |                                    |  |   |                                   |                              |                  |                  |  |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| From  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| GRAVEL PACK INTERVALS: From   |                              |                                    |  |   |                                   |                              |                  |                  |  |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| Grout Intervals: From   | <b><i>C</i></b> ft. to       |                                    | m  | ft. to  | ft.,                              | From                         | . ft. to         | ft.              |  |
| What is the nearest source of   |                              |                                    | □ I ivestoels =  | ona [   | □ Imagaticida                     | storage D Oth                | on (omooifi, h   | volovy)          |  |
| ☐ Septic tank       ☐ Lateral lines       ☐ Pit privy       ☐ Livestock pens       ☐ Insecticide storage       ☐ Other (specify below)         ☐ Sewer lines       ☐ Cesspool       ☐ Sewage lagoon       ☐ Fuel storage       ☐ Abandoned water well   |                              |                                    |  |   |                                   |                              | elow)            |                  |  |
| Watertight sewer lines  Seepage pit  Feedyard   |                              |                                    | ☐ Fertilizer st  |   | Oil well/ga                       |                              |                  | •••••            |  |
| Direction from well  FROM TO  | LITHOLOGI                    |                                    | Distance   | TO Wel  |                                   | OG (cont.) or PLU            |                  |                  |  |
| O 3 FILL  | Diet                         | C LOO                              | I KOWI   | 10  | LITIO, LO                         | 75 (cont.) <u>or</u> 1 LO    |                  | LEKYALS          |  |
| 3 19 CLAY   | BROW                         | N JILTY                            |  |   |                                   |                              |                  |                  |  |
| 19 29 JAND  |                              | MTAN                               |  |   |                                   |                              |                  |                  |  |
| 39 32 SAND  |                              | TOMED TA                           |  |   |                                   |                              |                  |                  |  |
| 32 Beor   | ON CKE                       | EKK BLAUL                          |  |   |                                   | ·                            |                  |                  |  |
|   |                              |                                    |  |   |                                   |                              |                  | <del></del>      |  |
|   |                              |                                    |  |   |                                   |                              |                  |                  |  |
|   |                              |                                    |  |   |                                   |                              |                  |                  |  |
| 7 CONTRACTOR'S OF L   | NDOWNED                      | 'S CERTIFICATIO                    | N. This water  | r well w  | ras Nonetr                        | icted   reconstr             | icted or [       | l nlugged        |  |
| 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) 2.4  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| Kansas Water Well Contractor's License No. 3.6.6 This Water Well Record was completed on (mortlay fear) C. 7. 1.24.—11  |                              |                                    |  |   |                                   |                              |                  |                  |  |
| under the business name of INSTRUCTIONS: Use typewriter   | 4.E. S.T.I.R.                | CER YUM                            | PULLE  | . by (si  | gnature                           | aul SVD                      | lenne            | <b></b>          |  |
| (white, blue, pink) to Kansas Depart  | rtment of Health             | and Environment, Bureau            | of Water, Geolo  | gy Section  | n, 1000 SW Jac                    | ckson St., Suite 420,        | Γopeka, Kans     | as 66612-1367.   |  |
| Telephone 785-296-5522. Send or http://www.kdheks.gov/waterwell/in  |                              | ER WELL OWNER and                  | retain one for y   | our record  | ls. Include <u>fee</u>            | of \$5.00 for each <u>co</u> | onstructed we    | ell. Visit us at |  |
| KSA 82a-1212  |                              |                                    |  |   |                                   |                              |                  |                  |  |