| WATER WELL RECORD  | Form WWC-5                               | Division of Water Resources App. No.                                   |
|--|--|--|
| 1 LOCATION OF WATER WELL:  | Fraction                                 | Section Number   Township No.   Range Number                           |
| County: Saline   | SE YNW YSE YSE Y                         | 36   T /4 S   R 3 □E 🖾 W   |
|  | on; if unknown, distance & direction     | Global Positioning System (GPS) information:                           |
| from nearest town or intersection: It  | at owner's address, check here .         | Latitude: (in decimal degrees)   |
| 40 -   | ,  | Longitude: (in decimal degrees)  |
| 820 Joan   | ie Lane                                  | Elevation:   |
| 2 WATER WELL OWNER: /  | 10 Carre                                 | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27                                    |
| 2 WATER WELL OWNER: Z  | egacy Builders<br>L Borlow DR,           | Collection Method:<br>  GPS unit (Make/Model:)                         |
| City, State, ZIP Code : 94   | L Borlow DR.                             | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey                  |
| City, Blate, 211 Code  | ling, Ks. 67401                          | Est. Accuracy:   |
| 3 LOCATE WELL  | 1  |  |
| WITH AN "X" IN 4 DEPTH (   | OF COMPLETED WELL                        | 4.7 <b>f</b> t.  |
| SECTION BOX: Depth(s) Gro  | oundwater Encountered (1)2.5             | ft. (2) ft. (3) ft.  |
| N WELL'S ST  | ATIC WATER LEVEL44ft.                    | below land surface measured on mo/day/yr                               |
| Pt Pt  | imp test data: Well water was            | ft. after  |
| EST. YIELI   | )gpm. Well water was                     | ft. after hours pumping gpm  |
| W E Bore Hole D  | nameter                                  | t., andft.   |
| 1  |  | er supply Geothermal Injection well                                    |
|  |  | er supply Dewatering Other (Specify below) on & garden Monitoring well |
| Inigation  | ical/bacteriological sample submitted to | Denortment?  |
| S If yes.  | mo/day/yr sample was submitted           | Department: 1 163 1140   |
|  | lisinfected? Ves No                      | ••••••   |
|  |  |  |
| 5 TYPE OF CASING USED: Steel PVC Other 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)   |  |  |
| Brass Galvanized Steel   | None used (open hole)                    | Other (Specify)  |
| SCREEN OR PERFORATION OPEN   | INGS ARE:                                |  |
| Continuous slot  |  |  |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify)  |  |  |
| SCREEN-PERFORATED INTERVALS: From  |  |  |
| From   |  |  |
| GRAVEL PACK INTERVALS: From  |  |  |
| 6 CROUT MATERIAL. Neet o   | amont Coment grout Thenton               | ito Other  |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From   |  |  |
| What is the nearest source of possible contamination:  |  |  |
| Septic tank  |  |  |
| Sewer lines  |  |  |
| Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well   |  |  |
| Direction from well  |  | from well  |
| The state of the s | OGIC LOG FROM                            | TO LITHO. LOG (cont.) or PLUGGING INTERVALS                            |
| 0 2 FIII DIR   |  |  |
| 2 20 Clay Bra  |  |  |
|  | oom Tan                                  |  |
| 26 47 Sand Fir   | ne to Med Tan                            |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| T CONTRACTORIS OR F AND ONLY   | NEDIC CEDTIFICATION: This                | would was Management of December 11 and December 12                    |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged under my invidiction and was completed on (molday/year).   |  |  |
| under my jurisdiction and was completed on (mo/day/year) 19-19-12 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No 855 This Water Well Record was completed on (mo/day/year)   |  |  |
| under the husiness name of   | es Censt                                 | hy (signature) Has Tarka   |
| INSTRUCTIONS: Use ty pewriter 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 Depar tment 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. Vi sht us at   |  |  |
| http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212   |  | Check: White Copy, Blue Copy, Pink Copy                                |
| 12011 024 1414   |  | E-K cop), [ ] blue cop), [ ] Illik cop                                 |