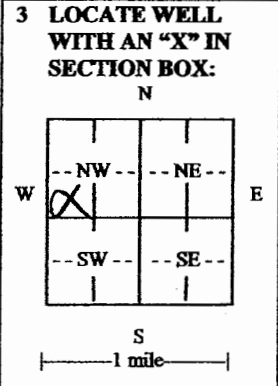


WATER WELL RECORD T-C3 Form WWC-5

Division of Water Resources App. No.

| | | | | |
|--|---|--|---------------------------------------|---|
| 1 LOCATION OF WATER WELL: County: <u>SALINE</u> | Fraction <u>SE 1/4 SW 1/4 NW 1/4</u> 1/4 | Section Number <u>12</u> | Township No. T <u>14</u> <u>10</u> | Range Number R <u>3</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>501 N Sante Fe</u> <u>SALINA KS 67401</u> | | Global Positioning System (GPS) information: Latitude: <u>38° 50' 56" N</u> (in decimal degrees) Longitude: <u>97° 36' 34" W</u> (in decimal degrees) Elevation: <u>1223'</u> Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: <u>I-Phone</u>) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m | | |
| 2 WATER WELL OWNER: RR#, Street Address, Box #: <u>4111 E. 37th St North</u> City, State, ZIP Code: <u>Wichita KS 67220</u> | | | | |



4 DEPTH OF COMPLETED WELL 60' ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 32" ft. below land surface measured on mo/day/yr. 9/2/2014

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 6" in. to 6.0' ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below) TEMPERATURE
 Irrigation Industrial Domestic-lawn & garden Monitoring well TEMPERATURE

Was a chemical/bacteriological sample submitted to Department? Yes No SENDING

If yes, mo/day/yr sample was submitted _____

Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other Low Carbon Steel

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 1" in. to 60' ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 2' in., Weight _____ lbs./ft., Wall thickness or gauge No. Sch 40

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify) NO SCREEN / 1" STEEL CASING ONLY w/ BOTTOM CAP
 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: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Class H / S.I.C.A. Flava Grout

Grout Intervals: From 0' ft. to 60' ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) N/A
 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 _____

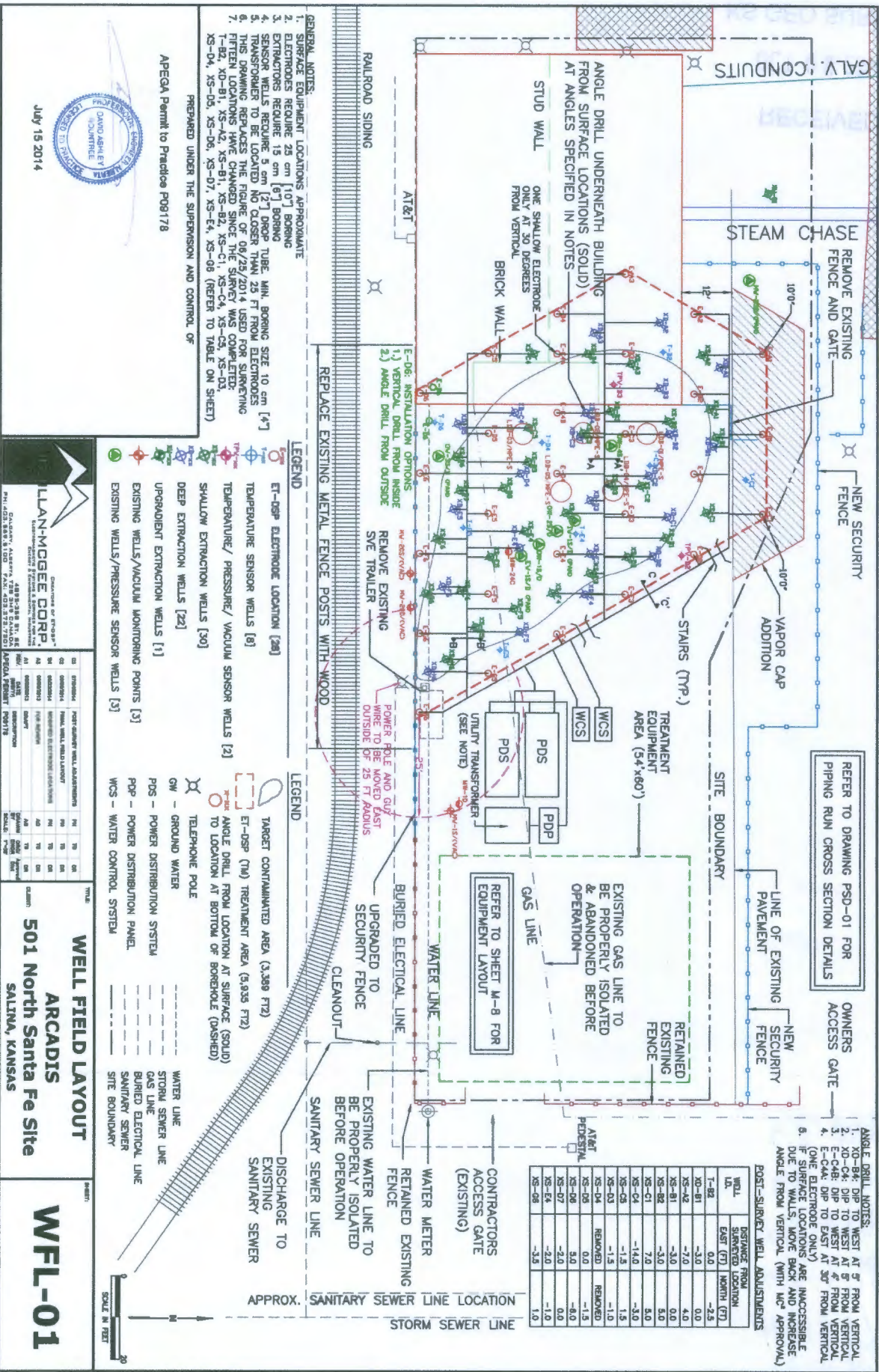
| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------------|------------|--|------|----|--|
| <u>0'</u> | <u>6"</u> | <u>CONCRETE</u> | | | |
| <u>6"</u> | <u>27'</u> | <u>mainly silty clay to clay</u> <u>BROWN</u> | | | |
| <u>27'</u> | <u>60'</u> | <u>SAND</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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) 9/2/2014 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 793 This Water Well Record was completed on (mo/day/year) 9/24/14

under the business name of Canoy Pump Service by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 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>.



July 15 2014



| ID | DESCRIPTION | DATE | BY | APP'D |
|----|-------------------------|----------|--------------|-------|
| 01 | ISSUE FOR PERMIT | 07/15/14 | DAVID ASHLEY | |
| 02 | FINAL WELL INSTALLATION | 07/15/14 | DAVID ASHLEY | |
| 03 | REVISIONS | 07/15/14 | DAVID ASHLEY | |
| 04 | REVISIONS | 07/15/14 | DAVID ASHLEY | |
| 05 | REVISIONS | 07/15/14 | DAVID ASHLEY | |
| 06 | REVISIONS | 07/15/14 | DAVID ASHLEY | |
| 07 | REVISIONS | 07/15/14 | DAVID ASHLEY | |
| 08 | REVISIONS | 07/15/14 | DAVID ASHLEY | |
| 09 | REVISIONS | 07/15/14 | DAVID ASHLEY | |
| 10 | REVISIONS | 07/15/14 | DAVID ASHLEY | |
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| 40 | REVISIONS | 07/15/14 | DAVID ASHLEY | |

501 North Santa Fe Site
SALINA, KANSAS

WFL-01