| WATER WELL REC  | ORD XS-   | F 5 Form W                | WC-5             | Divi        | ision of Water  | r Resources App. N       | Io                      |  |
|---|---|---------------------------|------------------|-------------|---|--------------------------|-------------------------|--|
| 1 LOCATION OF WA  |   | Fraction                  | WC-3             |             | n Number  |                          | Range Number            |  |
| County: SALINE SE 45W 4NV   |   |                           | 11/4 1/4         | 1           |   |                          | R 3 □E ZW               |  |
| Street/Rural Address of   | f Well Location: i  |                           |                  | Clobal      | Dogitioning   | System (CDS)             | nformation:             |  |
| from nearest town or in   |   |                           |                  | Latitud     | ie. 33°   | 50' \$6" ^               | (in decimal degrees)    |  |
| 501 N. SANTE FE   |   |                           |                  | Longit      | Latitude: 35° 50° 56° \(\Delta\) (in decimal degrees)  Longitude: 97° 36° 35° \(\Delta\) (in decimal degrees)  Elevation: 1222′ |                          |                         |  |
|   |   |                           |                  | Elevati     | ion: /2   | 221                      |                         |  |
| SALINA  | K2 6  | 1401                      |                  | Datum:      | ☐ WGS 84  | 4, □ NAD 83, □           | ] NAD 27                |  |
| 2 WATER WELL OW   | NER: MATA   | don Cattle                | Co.              | Callage     | ion Mathada   |                          |                         |  |
| 2 WATER WELL OWNER: MATAdon CATILE Co. RR#, Street Address, Box #: 4111 E. 37 Th St. North  |   |                           |                  |             | ☐ GPS unit (Make/Model:   |                          |                         |  |
| City, State, ZIP Code   | MICA :-   | A KS 6                    | ס פב ר           | ∐ Di        | igital Map/Ph   | oto, Topographi          | ic Map, Land Survey     |  |
| A LOCATE WELL   |   |                           |                  |             |   |                          |                         |  |
| 1   | WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 30 ft.                       |                           |                  |             |   |                          |                         |  |
| SECTION BOX:  |   |                           |                  |             |   |                          | (3) ft,                 |  |
| N   | WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr |                           |                  |             |   |                          |                         |  |
|   | Pump test data: Well water was  |                           |                  |             |   |                          |                         |  |
| NWNE  | EST. YIELDgpm. Well water was   |                           |                  |             |   |                          |                         |  |
|   |   |                           |                  |             |   |                          |                         |  |
|   |   |                           |                  |             |   |                          |                         |  |
| SWSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)   |   |                           |                  |             |   |                          |                         |  |
| Irrigation Industrial Domestic-lawn & garden Monitoring well .C. A.T. R.A. C.T. (.0.A.)   |   |                           |                  |             |   |                          |                         |  |
| Was a chemical/bacteriological sample submitted to Department?   Yes   No   |   |                           |                  |             |   |                          |                         |  |
| S If yes, mo/day/yr sample was submitted  |   |                           |                  |             |   |                          |                         |  |
| Water wen districted: 1 tes 140   |   |                           |                  |             |   |                          |                         |  |
| 5 TYPE OF CASING USED: Steel PVC Other STAIN ESS STEE   |   |                           |                  |             |   |                          |                         |  |
| CASING JOINTS: Glued Clamped Welded Threaded  |   |                           |                  |             |   |                          |                         |  |
| Casing diameter7  | m. to   | ft., Diameter             | in.              | to          | ft., Di   | ameter                   | m. to ft.               |  |
| Casing diameter 4" in to 5 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft.  Casing height above land surface 3 in., Weight lbs./ft., Wall thickness or gauge No. 30.4   |   |                           |                  |             |   |                          |                         |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  ☐ Steel  Stainless Steel ☐ PVC ☐ Other (Specify)   |   |                           |                  |             |   |                          |                         |  |
| Brass Galvanized Steel None used (open hole)  |   |                           |                  |             |   |                          |                         |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |   |                           |                  |             |   |                          |                         |  |
| Ed_Continuous slot  |   |                           |                  |             |   |                          |                         |  |
| Louvered shutter  |   |                           |                  |             |   |                          |                         |  |
| SCREEN-PERFORATED INTERVALS: From   |   |                           |                  |             |   |                          | to ft.                  |  |
| From  |   |                           |                  |             |   |                          | to ft.                  |  |
|   |   |                           |                  |             |   |                          |                         |  |
| From ft. to ft. From ft. to ft.   |   |                           |                  |             |   |                          |                         |  |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Control of the State of the Control of the State of the |   |                           |                  |             |   |                          |                         |  |
| Grout Intervals: From O' ft. to 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)   |   |                           |                  |             |   |                          |                         |  |
|   |   |                           |                  |             |   |                          |                         |  |
| 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 wel    | 1   |                          |                         |  |
| FROM TO   | LITHOLOGI   | IC LOG                    | FROM             | TO          | LITHO. LC   | OG (cont.) <u>or</u> PLU | JGGING INTERVALS        |  |
|   | nemote  | ,                         |                  |             |   |                          |                         |  |
| 6" 27' Brow   |   | lay Cipy                  |                  |             |   |                          |                         |  |
| 27' 30' San   | <u> </u>  |                           |                  |             |   |                          |                         |  |
|   |   |                           | <del> </del>     |             |   |                          |                         |  |
|   |   |                           | <b> </b>         |             |   |                          |                         |  |
|   |   |                           |                  |             |   |                          |                         |  |
|   |   |                           |                  |             |   |                          |                         |  |
|   |   |                           |                  |             |   |                          |                         |  |
|   |   |                           |                  |             |   |                          |                         |  |
| T COMPLY CETODIC OD   | LANDONAIED  | 10 CERTIFICATIO           | N. Th.           |             | DÉT   |                          |                         |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or reconstructed, or plugged  |   |                           |                  |             |   |                          |                         |  |
| under my jurisdiction and was completed on (mo/day/year)  |   |                           |                  |             |   |                          |                         |  |
| under the business name   | f Calona To   | uma Sanvia                | water well k     | by (eigh    | o compicied   | OLLUNG GRY/YO'A          | 1 1 1 a a               |  |
| INSTRUCTIONS: Use typew   | riter or hall noint non   | PLEASE PRESS FIRMI        | Y and PRINT of   | early Pleas | se fill in blanks   | and of eck the correct   | answer Send one conv to |  |
| Kansas Department of  | Health and Environm   | ent, Bureau of Water, Geo | ology Section, 1 | 000 SW Jac  | ekson St., Suite  | 42, Topeka, Kansa        | is 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   |   |                           |                  |             |   |                          |                         |  |

