| WATER WELL R  | ECORD Form WWC-5  Correction Change in Well Use                                    |  | sion of Water<br>arces App. No. |  | Well ID              |  |
|---|--|--|---------------------------------|--|----------------------|--|
| 1 LOCATION OF W.  | ATER WELL: Fraction  | 0 - 4  | ion Number                      | Township Number  | Range Number         |  |
| County: SALINE WILL: Fraction Section Number Township Number Range Number County: SALINE WINDLYSE, 33 T 14 S R3 DE XW  2 WELL OWNER: Last Name: MITCHELL First: JACIC Street or Rural Address where well is located (if unknown, distance and |  |  |                                 |  |                      |  |
| Business: direction from nearest town or intersection): If at owner's address, check here:  |  |  |                                 |  |                      |  |
| Address: City: SANIWA State: KS ZIP 607401 1704 S. 11TW   |  |  |                                 |  |                      |  |
| 3 LOCATE WELL   | 4 DEPTH OF COMPLETED WELL  |  | 5 Yatituda                      |  | (1                   |  |
| WITH "X" IN<br>SECTION BOX:   | Depth(s) Groundwater Encountered: 1)   | π.   |                                 |  | (decimal degrees)    |  |
| N N   | 2) ft. 3) ft., or 4  | Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 |                                 |  |                      |  |
|   | below land surface, measured on (mo-day-yr) / O 34                                 |  |                                 | GPS (unit make/model:)                                     |                      |  |
| NW NE   | Pump test data: Well water was ft.   |  |                                 | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map |                      |  |
| W   | after hours pumping  |  | Onlin                           | ne Mapper:   |                      |  |
| SW SE   | after hours pumping  |  | 6 Elevatio                      | n: ft [  | Ground Level TOC     |  |
| S   | Bore Hole Diameter:  | ft. and                                      | Source:                         | ☐ Land Survey ☐ GP:  | S Topographic Map    |  |
| 1 mile  in. to ft.  |  |  |                                 |  |                      |  |
| 1. Domestic:  | <ol><li>Dublic Water Supply: well ID</li></ol>                                     |  | 10. ☐ Oil Fi                    | ield Water Supply: lease                                   | ·                    |  |
| Household Lawn & Garden   | <ol> <li>Dewatering: how many wells'</li> <li>Aquifer Recharge: well ID</li> </ol> |  |                                 | e: well ID<br>d  |                      |  |
| Livestock 2. Irrigation   | 8. ☐ Monitoring: well ID 9. Environmental Remediation: wel                         |  |                                 | mal: how many bores?ed Loop                                |                      |  |
| 3. ☐ Feedlot  | ☐ Air Sparge ☐ Soil Vap  | or Extraction                                | b) Open                         | Loop Surface Disch   | arge 🗌 Inj. of Water |  |
| 4. Industrial Recovery Injection I3. Other (specify):  Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:   |  |  |                                 |  |                      |  |
| Water well disinfected? Yes No  |  |  |                                 |  |                      |  |
| 8 TYPE OF CASING USED: Steel PVC Other  |  |  |                                 |  |                      |  |
| Casing height above land surface  |  |  |                                 |  |                      |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel Fiberglass PVC Other (Specify)   |  |  |                                 |  |                      |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:   |  |  |                                 |  |                      |  |
| ☐ Continuous Slot Mill Slot. Size Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)   |  |  |                                 |  |                      |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From   |  |  |                                 |  |                      |  |
| GRAVEL PACK INTERVALS: From   |  |  |                                 |  |                      |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to ft., From ft. to ft.  |  |  |                                 |  |                      |  |
| Nearest source of possible contamination:   |  |  |                                 |  |                      |  |
| ☐ Septic Tank☐ Sewer Lines  | ☐ Lateral Lines ☐ Pit Priv   | Lagoon 🔲 F                                   | uel Storage                     | ☐ Abandone   | d Water Well         |  |
|   |  |  |                                 |  |                      |  |
| Direction from well?  | NORTH Distance from  |  |                                 | ft.  | LICCDIC DETERMALS    |  |
| 10 FROM TO  | FILL DIET  | FROM   | TO LI                           | THO. LOG (cont.) of PI                                     | LUGGING INTERVALS    |  |
| 2 19  | CLAY BLOWN SILTY   |  |                                 |  |                      |  |
| 35 45   | CLAY TAW SILTY<br>JANDY LOOM TAW   |  |                                 |  |                      |  |
| 45 60   | SAND FINE TO MED   | TAN  |                                 |  |                      |  |
| 40  | CLAYBEAY   | Notes:                                       |                                 |  |                      |  |
|   |  |  |                                 |  |                      |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo day year)   |  |  |                                 |  |                      |  |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (pro-day-year)  |  |  |                                 |  |                      |  |
| under the business name of P.E.S. T. 100 C.E.A. PUMP. SERVICE. Signature  |  |  |                                 |  |                      |  |
| 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.  |  |  |                                 |  |                      |  |
| Visit us at http://www.kdheks   | gov/waterwell/index.html   | KSA 82a-121                                  | 2                               |  | Revised 7/10/2015    |  |