

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

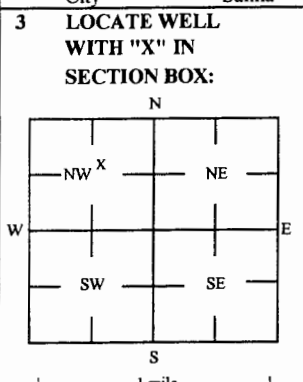
Well ID

MW18

Original Record Correction Change in Well Ust

1 LOCATION OF WATER WELL: County Saline Fraction SW 1/4 SW 1/4 NE 1/4 NW 1/4 Section Number 13 Township Number T 14 S Range Number R 3 E W

2 WELL OWNER: Last Name: Business: This & That Lamps & Shades Address: 618 E. Republic City Salina State: KS ZIP: 67401 Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: -40' W of 159 S. 4th St., Salina, KS



3 LOCATE WELL WITH 'X' IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 45 ft Depth(s) Groundwater Encountered: 1) _____ ft 2) _____ ft 3) _____ ft, or 4) Dry Well WELL'S STATIC WATER LEVEL: 35.3 ft. [X] below land surface, measured on (mo-day-yr) 12/23/15 [] above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft after _____ hours pumping _____ gpm Water well was _____ ft after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: 7.25 in to _____ ft, and _____ in to _____ ft

5 Latitude: 38.83836 (decimal degrees) Longitude: 97.60688 (decimal degrees) Horizontal Datum: [] WGS 84 [] NAD 83 [] NAD 27 Source for Latitude/Longitude: [] GPS (unit make/model: _____) (WAAS enabled? [] Yes [] No) [X] Land Survey [] Topographic Map [] Online Mapper 6 Elevation 1224.34 ft [] Ground Level [X] TOC Source [X] Land Survey [] GPS [] Topographic Map [] Other _____

7 WELL WATER TO BE USED AS: 1 Domestic: [] Household [] Lawn & Garden [] Livestock 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply: well ID 6 Dewatering: how many wells? 7 Aquifer Recharge: well ID 8 [X] Monitoring: well ID MW18 9 Environmental Remediation: well ID [] Air Sparge [] Soil Vapor Extractor [] Recovery [] Injection 10 Oil Field Water Supply: lease 11 Test Hole: well ID [] Cased [] Uncased [] Geotechnical 12 Geothermal: How many bores? a) Closed Loop [] Horizontal [] Vertical b) Open Loop [] Surface Discharge [] Inj. of Water [] Other (specify): _____

Was a chemical/bacteriological sample submitted to KDHE? [] Yes [X] No If yes, date sample was submitted: _____ Water well disinfected? [] Yes [X] No

8 TYPE OF CASING USED: [] Steel [X] PVC [] Other _____ CASING JOINTS: [] Glued [] Clamped [] Welded [X] Threaded Casing diameter 2 in. to 30 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft, Casing height above land surface -0.42 in. Weight _____ lbs./ft. Well thickness or gauge No _____ TYPE OF SCREEN OR PERFORATION MATERIAL: [] Steel [] Stainless Steel [] Fiberglass [X] PVC [] Other (Specify) _____ [] Brass [] Galvanized Steel [] Concrete tile [] None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: [] Continuous Slot [X] Mill Slot [] Gauze Wrapped [] Torch Cut [] Drilled Holes [] Other (Specify) _____ [] Louvered Shutter [] Key Punched [] Wire Wrapped [] Saw Cut [] None (Open Hole) SCREEN-PERFORATED INTERVALS: From 30 ft. to 45 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft, GRAVEL PACK INTERVALS: From 28 ft. to 47 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

9 GROUT MATERIAL: [] Neat cement [] Cement grout [X] Bentonite [X] Other Concrete: 0-0.5' Grout intervals: From 0.5 ft. to 28 ft, From _____ ft. to _____ ft, From _____ ft. to _____ ft,

Nearest source of possible contamination: [] Septic Tank [] Lateral Lines [] Pit Privy [] Livestock Pens [] Insecticide Storage [] Sewer Lines [] Cess Pool [] Sewage Lagoon [X] Fuel Storage [] Abandoned Water Well [] Watertight Sewer Lines [] Seepage Pit [] Feedyard [] Fertilizer Storage [] Oil Well / Gas Well [] Other (Specify) _____ Direction from well? E Distance from well? ~100 ft

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	0.8	Concrete followed by gravel			
0.8	2.5	Dark brown silty clay			
2.5	6	Tan silt			
6	7.5	Tan silty clay			
7.5	17.5	Medium brown to gray brown silty clay			
17.5	29	Light brown silt			
29	34	Light brown sandy silt			
34	35	Medium to coarse sand			
35	47	Coarse sand			

Notes: KDHE ID: This & That Lamps & Shades; U5-085-00854

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [X] constructed, [] reconstructed, or [] plugged under my jurisdiction and was completed on (mo-day-year) 12/22-23/15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 757 This Water Well Record was completed on (mo-day-year) 2/15/16 under the business name of Larsen & Associates, Inc. Signature _____

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 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.