

| WATER WELL RECOR                                                                                                                                              |                                                                                                                                        | WWC-5                 |                                         | 0021       |                                                                                                                               | ion of Water                                  |                            | W 11 ID                                 |                   |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------|-----------------------------------------|-------------------|--|--|
| Original Record Correct                                                                                                                                       |                                                                                                                                        | e in Well Use         | 9                                       |            |                                                                                                                               | rces App. No                                  |                            | Well ID                                 | N. 1              |  |  |
| 1 LOCATION OF WATER WELL:                                                                                                                                     |                                                                                                                                        | Fraction              | 1/ 1                                    | / 1/       | Secti                                                                                                                         | on Number                                     | Township Numb              |                                         | ge Number         |  |  |
| County:                                                                                                                                                       |                                                                                                                                        | 1/4 1/                |                                         | D          | 1 4 11                                                                                                                        | <u>T</u> S                                    | R                          | □E □W                                   |                   |  |  |
| 2 WELL OWNER: Last Name: Business:                                                                                                                            |                                                                                                                                        |                       |                                         |            | ral Address where well is located (if unknown, distance and nearest town or intersection): If at owner's address, check here: |                                               |                            |                                         |                   |  |  |
| Address:                                                                                                                                                      |                                                                                                                                        |                       |                                         | direction  | rom ne                                                                                                                        | arest town or n                               | itersection): If at Owne   | er's address, c                         | meck nere:        |  |  |
| Address:                                                                                                                                                      |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| City:                                                                                                                                                         | State:                                                                                                                                 | ZIP:                  |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| 3 LOCATE WELL 4 DE                                                                                                                                            | PTH OF COM                                                                                                                             | IPI FTFD '            | wri i .                                 |            | ft                                                                                                                            | 5 Lotitue                                     | lo:                        |                                         | (daaimal daamaaa) |  |  |
| WITH "A" IN                                                                                                                                                   |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| SECTION BOX:                                                                                                                                                  | Depth(s) Groundwater Encountered: 1)                                                                                                   |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| WELI WELI                                                                                                                                                     | N 2) It. 3)                                                                                                                            |                       |                                         |            |                                                                                                                               | Source for Latitude/Longitude:                |                            |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       | ured on (mo-day-yr)                     |            |                                                                                                                               | GPS (unit make/model:)                        |                            |                                         |                   |  |  |
| NW   NE       at                                                                                                                                              | ove land surface,                                                                                                                      | measured or           | on (mo-day-yr)                          |            |                                                                                                                               |                                               | (WAAS enabled? ☐ Yes ☐ No) |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        | ater was ft.          |                                         |            |                                                                                                                               | ☐ Land Survey ☐ Topographic Map               |                            |                                         |                   |  |  |
| W E a                                                                                                                                                         |                                                                                                                                        |                       | oumping gpm<br>iter was ft.             |            |                                                                                                                               | Online Mapper:                                |                            |                                         |                   |  |  |
| SW SE                                                                                                                                                         |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
|                                                                                                                                                               | fter hours<br>ated Yield:                                                                                                              |                       |                                         | . gpm      | 6 Elevation:ft. ☐ Ground Level ☐ TO                                                                                           |                                               |                            | Level   TOC                             |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        | gpm<br>in. to ft. and |                                         |            |                                                                                                                               | Source:   Land Survey   GPS   Topographic Map |                            |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        | in. to ft. and        |                                         |            |                                                                                                                               | Other                                         |                            |                                         |                   |  |  |
| 7 WELL WATER TO BE US                                                                                                                                         |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| 1. Domestic:                                                                                                                                                  | 5. ☐ Public Wa                                                                                                                         | ter Supply: v         | well ID                                 |            |                                                                                                                               | 10. □ Oil i                                   | Field Water Supply: 1      | ease                                    |                   |  |  |
| ☐ Household                                                                                                                                                   | 6. ☐ Dewaterin                                                                                                                         |                       |                                         |            |                                                                                                                               |                                               | ole: well ID               |                                         |                   |  |  |
| Lawn & Garden                                                                                                                                                 |                                                                                                                                        |                       | echarge: well ID                        |            |                                                                                                                               | ☐ Case                                        | ed Uncased                 | Geotechnical                            | l                 |  |  |
| ☐ Livestock                                                                                                                                                   |                                                                                                                                        | g: well ID            |                                         |            |                                                                                                                               | 12. Geothermal: how many bores?               |                            |                                         |                   |  |  |
| 2.  Irrigation                                                                                                                                                |                                                                                                                                        |                       | ll Remediation: well ID                 |            |                                                                                                                               | a) Closed Loop                                |                            |                                         |                   |  |  |
| 3.  Feedlot                                                                                                                                                   | Air Sparge                                                                                                                             |                       |                                         | Extraction | 1                                                                                                                             |                                               | n Loop   Surface D         |                                         |                   |  |  |
| 4. ☐ Industrial                                                                                                                                               | Recovery                                                                                                                               | ∐ In                  | jection                                 |            |                                                                                                                               | 13. ∐ Oth                                     | er (specify):              |                                         |                   |  |  |
| Was a chemical/bacteriologica                                                                                                                                 |                                                                                                                                        | itted to KD           | HE? □                                   | Yes        | No ]                                                                                                                          | If yes, date                                  | sample was submitte        | ed:                                     |                   |  |  |
| Water well disinfected? ☐ Yes                                                                                                                                 |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| 8 TYPE OF CASING USED:                                                                                                                                        |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         | l   Threaded      |  |  |
| Casing diameter in. to                                                                                                                                        |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| Casing height above land surface                                                                                                                              |                                                                                                                                        |                       | • • • • • • • • • • • • • • • • • • • • | lbs        | ./ft.                                                                                                                         | Wall thickn                                   | ess or gauge No            |                                         |                   |  |  |
| TYPE OF SCREEN OR PERFO                                                                                                                                       |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               | (a. 10.)                   |                                         |                   |  |  |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)                                                                                                |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            | • • • • • • • • • • • • • • • • • • • • |                   |  |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:                                                       |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| Continuous Slot Mill                                                                                                                                          |                                                                                                                                        | auze Wrappe           | 4 □т                                    | orch Cut   | □ Dei                                                                                                                         | llad Holes                                    | ☐ Other (Specify)          |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         | •••••             |  |  |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft.             |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         | ft.               |  |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.                                                                                   |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.                                                                                                   |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| Grout Intervals: From                                                                                                                                         |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| Nearest source of possible contamination:                                                                                                                     |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage                                                                              |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well                                                                               |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            | Well                                    |                   |  |  |
|                                                                                                                                                               | ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well                                             |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| ☐ Other (Specify)                                                                                                                                             |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| 10 FROM TO                                                                                                                                                    | LITHOLOG                                                                                                                               |                       | ce from v                               | FRO        |                                                                                                                               |                                               |                            |                                         | CINTEDVALC        |  |  |
| 10 PROM 10                                                                                                                                                    | LITHOLOG                                                                                                                               | nc Log                |                                         | TRO        | IVI                                                                                                                           | 10 1                                          | ATTIO. LOG (cont.) o       | LUGGIN                                  | JINTERVALS        |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       |                                         | Notes      | :                                                                                                                             | ļ .                                           |                            |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
|                                                                                                                                                               |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| 11 CONTRACTOR'S OR LA                                                                                                                                         | 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was $\square$ constructed, $\square$ reconstructed, or $\square$ plugged |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| under my jurisdiction and was c                                                                                                                               | completed on (m                                                                                                                        | no-day-year)          | )                                       |            | and th                                                                                                                        | is record is                                  | true to the best of m      | y knowleds                              | ge and belief.    |  |  |
| Kansas Water Well Contractor's                                                                                                                                | s License No                                                                                                                           |                       | This W                                  | ater Well  | Reco                                                                                                                          | rd was com                                    | oleted on (mo-day-y        | ear)                                    |                   |  |  |
| under the business name of                                                                                                                                    | under the business name of                                                                                                             |                       |                                         |            |                                                                                                                               |                                               |                            |                                         |                   |  |  |
| KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. |                                                                                                                                        |                       |                                         |            |                                                                                                                               |                                               |                            | 785-296-3565.                           |                   |  |  |

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html

| Form       | WWC5                      |
|------------|---------------------------|
| Contractor | Associated Drilling, Inc. |
| Well Owner | Gary Soukup               |
| Doc ID     | 1096827                   |

## Litholgy

| From | То  | LithologicLog |
|------|-----|---------------|
| 0    | 2   | Top Soil      |
| 2    | 12  | Tan Clay      |
| 12   | 16  | Gray Shale    |
| 16   | 17  | Gypsum        |
| 17   | 45  | Gray Clay     |
| 45   | 47  | Sandstone     |
| 47   | 77  | Gray Clay     |
| 77   | 80  | Red Clay      |
| 80   | 102 | Gray Clay     |
| 102  | 106 | Red Clay      |
| 106  | 111 | Tan Clay      |
| 111  | 135 | Red Clay      |
| 135  | 140 | Tan Clay      |
| 140  | 180 | Gray Shale    |
| 180  | 227 | Red Clay      |
| 227  | 236 | Gray Clay     |
| 236  | 280 | Red Clay      |
| 280  | 340 | Gray Clay     |
|      | •   | •             |