

| W   | _  |  | RECORD            |   | WWC-5               | 109                             | 8464   |  | sion of Wat                                      |   |  |                                 |                 |  |  |
|-----|--|--|-------------------|---|---------------------|---------------------------------|--|--|--|---|--|---------------------------------|-----------------|--|--|
|     | Original Record       Correction       Change in Well Use         LOCATION OF WATER WELL:       Fraction |  |                   |   |                     |                                 |  |  |  | 11  |  |                                 | Well ID         |  |  |
| I   | County   | $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$  |                   |   | Section Number      |                                 | er   |  |  | nge Number<br>□ E □ W   |  |                                 |                 |  |  |
| 2   |  | OWNER:   | Lost Nama         |   |                     |                                 | r Dur  | al Addrass   | Address where well is located (if unknown, dista |   |  |                                 |                 |  |  |
| 4   | Business:  |  | Last Maine.       | First.  |                     |                                 |  | earest town or intersection): If at owner's address, check here:           |  |   |  |                                 |                 |  |  |
|     | Address:   |  |                   |   |                     | uncetion                        | iioiii ii  | curest to wir o  | /r inter   | isection). If at owner  | 5 uuuress  |                                 |                 |  |  |
|     | Address:<br>City: State: ZIP:  |  |                   |   |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
| 3   | LOCAT  | F WEI I  |                   | State.  | ZIP:                |                                 |  |  |  |   |  |                                 |                 |  |  |
| 5   |  | WITH "X" IN 4 DEPTH OF COMPLETED WI  |                   |   |                     |                                 |  |  | 5 Latitude:(decimal degrees)                     |   |  |                                 |                 |  |  |
|     | SECTIO   | N BOX:   |                   | Depth(s) Groundwater Encountered: 1)            |                     |                                 |  |  |  | Longitude:(decimal degrees)                                   |  |                                 |                 |  |  |
|     | Ν  | N $(2) \dots ft. 3) \dots ft. or 4) \square$ WELL'S STATIC WATER LEVEL:  |                   |   |                     |                                 |  |  |  | Datum: WGS 84 NAD 83 NAD 27<br>Source for Latitude/Longitude: |  |                                 |                 |  |  |
|     |  |  |                   | ☐ below land surface, measured on (mo-day-yr)   |                     |                                 |  |  |  | $\Box$ GPS (unit make/model:)                                 |  |                                 |                 |  |  |
|     | NW   | NE   | above la          | above land surface, measured on (mo-day-yr)     |                     |                                 |  |  |  |   | WAAS enabled?  |                                 |                 |  |  |
|     |  |  | - 0               | Pump test data: Well water was ft.              |                     |                                 |  |  |  | Land Survey Topographic Map                                   |  |                                 |                 |  |  |
| W   | X  | E  | after             | after hours pumping gpn<br>Well water was ft.   |                     |                                 |  |  |  | Online  | e Mapper:  | •••••                           |                 |  |  |
|     | SW   | SE   | after             | after hours pumping                             |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     |  | Estimated Yield:gpm  |                   |   |                     |                                 |  | or   |  |   | 6 Elevation:ft.  Ground Level  TOC                     |                                 |                 |  |  |
|     |  | S  |                   | in. to ft. and                                  |                     |                                 | Source: $\Box$ Land Survey $\Box$ GPS $\Box$ Topographic Map |  |  |   |  |                                 |                 |  |  |
|     | 1 n  |  |                   |   | in. to              |                                 | ft.  |  | Other  |   |  |                                 |                 |  |  |
|     | WELL V<br>Domestic:  |  | O BE USED A       |   | tor Sumples         | ما الہ                          |  |  |  | - :-1 I   | d Water Sumelan 1-                                     | 200                             |                 |  |  |
|     | Domestic:  |  |                   | <ol> <li>Devatering: how many wells?</li> </ol> |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     |  |  |                   | 7. Aquifer Recharge: well ID                    |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     | Livesto  | : well ID  |                   |   |                     | 12. Geothermal: how many bores? |  |  |  |   |  |                                 |                 |  |  |
|     | ☐ Irrigation 9. Environmental Remediat   |  |                   |   |                     |                                 |  |  | a) Closed Loop 🔲 Horizontal 🔲 Vertical           |   |  |                                 |                 |  |  |
|     | Feedlo Industr   |  |                   | e 🔲 Soil Vapor Extraction                       |                     |                                 |  | b) Open Loop □ Surface Discharge □ Inj. of Water<br>13. □ Other (specify): |  |   |  |                                 |                 |  |  |
|     |  |  |                   | Recovery  | -                   |                                 |  |  |  |   |  |                                 |                 |  |  |
|     |  |  | 0                 | -   | itted to KDI        |                                 | Yes 🗋  | No   | If yes, dat                                      | e sar   | nple was submitte                                      | d:                              |                 |  |  |
|     |  |  |                   |   | C D Other           |                                 | C  | ACIN   | C IONT   | z. 🗆  | Glued Clamped  | Wald                            | d 🗆 Threaded    |  |  |
|     |  |  |                   |   |                     |                                 |  |  |  |   | in. to   |                                 |                 |  |  |
|     |  |  |                   |   |                     |                                 |  |  |  |   | or gauge No  |                                 |                 |  |  |
|     |  |  | R PERFORAT        |   |                     |                                 |  |  |  |   | 0 0  |                                 |                 |  |  |
|     | □ Steel  |  | inless Steel      | Fiber   | L                   | ] PVC                           |  |  |  | her (S  | Specify)   |                                 |                 |  |  |
| 0.0 | Brass  |  | lvanized Steel    |   |                     | ] None                          | used (oper   | n hole)  | )  |   |  |                                 |                 |  |  |
| 20  |  | uous Slot  | RATION OPE        |   | KE:<br>auze Wrapped | Пπ                              | orch Cut   |  | illed Holes                                      |   | Other (Specify)  |                                 |                 |  |  |
|     |  |  | Key Punch         |   |                     |                                 |  |  |  |   |  | • • • • • • • • • • • • • • • • | ,               |  |  |
| SC  |  |  |                   |   |                     |                                 |  |  |  |   | ft., From  | ft. t                           | o ft.           |  |  |
|     | G  | RAVEL PA   | ACK INTERVA       | LS: Fron  | n ft. 1             | to                              | ft., F   | om   | ft. t  | to  | ft., From  | ft. t                           | o ft.           |  |  |
|     |  |  |                   |   |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     |  |  |                   |   | ft., From           | •••••                           | . ft. to   |  | ft., From  | ۱   | ft. to   | ft.                             |                 |  |  |
|     | earest sou   | -  | ble contaminatio  | o <b>n:</b><br>ateral Line                      | e 🗆 Pi              | t Privy                         |  | ПТ   | Livestock Pe                                     | one   |  | vide Storag                     | 0               |  |  |
|     | Sewer l  |  |                   | less Pool                                       |                     | ewage L                         | agoon  |  | Fuel Storage                                     |   |  |                                 |                 |  |  |
|     | U Waterti  | ight Sewer L   | ines 🗌 S          | eepage Pit                                      | 🗆 Fe                | eedyard                         |  |  | Fertilizer Sto                                   |   |  |                                 |                 |  |  |
|     | ☐ Other (Specify)<br>Direction from well? ft.  |  |                   |   |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     |  |  |                   |   |                     | e from v                        |  |  |  |   |  |                                 |                 |  |  |
| 10  | FROM   | TO   |                   | ITHOLOG   | JIC LUG             |                                 | FRO  | IVI  | ТО   |   | HO. LOG (cont.) or                                     | FLUGGI                          | NO INTERVALS    |  |  |
|     |  |  |                   |   |                     |                                 |  | -+   |  |   |  |                                 |                 |  |  |
|     |  |  | <u> </u>          |   |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     |  |  |                   |   |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     |  |  |                   |   |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     |  |  |                   |   |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     |  |  |                   |   |                     |                                 | Notes  | s:   |  |   |  |                                 |                 |  |  |
|     |  |  |                   |   |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
| 11  | CONT   | <b>Ρ</b> Λ <u></u> | SORIANDO          | WNFD?   | CEDTIEI             |                                 | N. Thick   | votor  | wall was   |   | onstructed, 🗌 reco                                     | netructod                       | or nluggad      |  |  |
| un  | ider mv it   | urisdiction a  | and was comple    | eted on (n                                      | no-day-year)        |                                 |  | and t  | his record                                       | is tru  | ie to the best of m                                    | v knowled                       | lge and belief. |  |  |
| K   | ansas Wa   | ter Well Co  | ontractor's Lice  | nse No  |                     | This W                          | ater Wel   | Reco   | ord was co                                       | mple  | ted on (mo-day-ye                                      | ear)                            | -               |  |  |
| un  | der the b  | usiness nan  | ne of             |   |                     |                                 |  |  |  |   |  |                                 |                 |  |  |
|     | KS Departs   | nent of Health   |                   |   |                     |                                 |  |  |  |   | or each <u>constructed</u> we<br>eka, Kansas 66612-136 |                                 | ne 785-296-3565 |  |  |
|     | -  |  | eks gov/waterwell |   | . ater, Geology 2   |                                 |  | Abon C   | , Suite 720,                                     | , <b>1</b> 0pt  | , millious 00012-130                                   |                                 | SA 82a-1212     |  |  |