| WATER WELL R  |                                      | Form V                     | WWC-5<br>e in Well Use                  |                                 |                  | sion of Wate<br>arces App. N     | 1              |                                   | Well ID  |  |
|---|--------------------------------------|----------------------------|---|---------------------------------|------------------|----------------------------------|----------------|-----------------------------------|--|--|
| 1 LOCATION OF W   |                                      |                            | Fraction                                | 1                               | Sect             | ion Numbe                        |                | hip Numb                          |  |  |
| County: Seg 9   | risch                                |                            | WWW.                                    | N/481                           | 1/4              | 29                               |                | 94 s                              | R / DEVZ/W   |  |
| 2 WELL OWNER: La  | st Name:                             | L                          | First:                                  |                                 |                  | al Address                       |                |                                   | (if unknown, distance and  |  |
| Business: 30  | b Coe                                | K Hor                      | neo                                     | dir                             | ection from ne   | earest town or                   | intersection): | If at owne                        | r's address, check here: 🗌   |  |
|   | 150                                  | ubster                     | *                                       |                                 |                  | 4131                             | NS             | tore                              | Barn St  |  |
| City:   | rby                                  | State: KS                  | ZIP: 6703                               | 7                               |                  |                                  | maiz           | e k                               | CS 67101   |  |
| 3 LOCATE WELL   | <del></del>                          |                            | *************************************** |                                 | 000              |                                  |                | ,                                 |  |  |
| WITH "X" IN   | 4 DEPTI                              | 1 OF COM                   | IPLETED WEI                             | LL:                             | E. <b>L.</b> tt. |                                  |                |                                   | (decimal degrees)  |  |
| SECTION BOX:  | Depth(s) Groundwater Encountered: 1) |                            |   |                                 |                  |                                  |                |                                   |  |  |
| N   | 2)                                   |                            |   |                                 |                  |                                  |                |                                   | 1  |  |
|   | D below                              | land surface,              | , measured on (mo                       | )                               |                  |                                  |                |                                   |  |  |
| NWNE  | above                                | land surface,              | , measured on (mo                       |                                 |                  |                                  |                |                                   |  |  |
|   | -                                    |                            | ater was                                | ☐ Land Survey ☐ Topographic Map |                  |                                  |                |                                   |  |  |
| W E   | arter                                |                            | s pumping<br>vater was                  |                                 | III              |                                  | nline Mappei   | r:                                | •  |  |
| SW SE   | after                                |                            | s pumping                               |                                 | m                |                                  | _              |                                   |  |  |
|   | Estimated Yield:                     |                            |   |                                 |                  | 6 Elevation:ft. Ground Level TOC |                |                                   |  |  |
| S   | Bore Hole Diameter: in. to           |                            |   |                                 | -                | d Source:                        |                |                                   |  |  |
| 1 mile  in. to ft.  |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| 1. Domestic:  |                                      |                            | ater Supply: well I                     | D                               |                  | 10 🖂 🔾                           | il Field Water | · Supply: 1                       | ease   |  |
| ☐ Household   |                                      |                            | g: how many wel                         |                                 |                  |                                  |                |                                   |  |  |
| DLawn & Garden  | 7. [                                 | ☐ Aquifer R                | echarge: well ID                        |                                 |                  |                                  |                |                                   | Geotechnical   |  |
| Livestock   |                                      |                            | g: well ID                              |                                 |                  |                                  |                |                                   | s?   |  |
| 2.  Irrigation  |                                      |                            | al Remediation: w                       |                                 |                  | a) Cl                            | losed Loop     | Horizon                           | tal ☐ Vertical<br>ischarge ☐ Inj. of Water   |  |
| 3. ☐ Feedlot 4. ☐ Industrial  |                                      | ☐ Air Sparge<br>☐ Recovery |   |                                 | raction          |                                  |                |                                   | ischarge inj. of water   |  |
|   |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| Water well disinfected?   |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| 8 TYPE OF CASING  | USED:                                | Steel VZLPV                | C  Other                                |                                 | CASIN            | IG JOINTS                        | : MGlued       | Clampe                            | d □ Welded □ Threaded  |  |
| 8 TYPE OF CASING USED: Steel VIPVC Other  |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| Casing diameter   |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ Other (Specify)  |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| ☐ Continuous Slot ☐ 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   |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| SCREEN-PERFORATED INTERVALS: From   |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| GRAVEL PACK INTERVALS: From   |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Sentonite ☐ Other  |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| Nearest source of possible contamination:   |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| Septic Tank   |                                      | Lateral Line               | es 🔲 Pit Pr                             | rivy                            |                  | Livestock Pe                     | ens            |                                   | cide Storage   |  |
| ☐ Sewer Lines   |                                      | Cess Pool                  | ☐ Sewa                                  |                                 |                  | Fuel Storage                     |                |                                   | oned Water Well  |  |
| Watertight Sewer Lir  |                                      | Seepage Pit                |   |                                 |                  | Fertilizer Sto                   | orage          | ∐ Oil W                           | ell/Gas Well   |  |
| Other (Specify) Direction from well?  | NorL                                 | 1 west                     | Distance fr                             |                                 |                  | 65                               |                | fi                                | †  |  |
| 10 FROM TO  |                                      | LITHOLO                    |   | om wen                          | FROM             | ТО                               |                |                                   | r PLUGGING INTERVALS   |  |
| 61  |                                      | Soil                       |   |                                 |                  |                                  |                |                                   |  |  |
| 1 13  | ciau                                 |                            | ē.                                      |                                 |                  |                                  |                |                                   |  |  |
| 13 20   | Moz                                  | Ban                        | OC:                                     |                                 |                  |                                  |                |                                   | ***************************************  |  |
| 28 30   | clay                                 | 1-                         |   |                                 |                  |                                  |                |                                   |  |  |
| 30 60   | M                                    | ed Sa                      | nd                                      |                                 |                  |                                  | ,              |                                   |  |  |
|   |                                      |                            |   |                                 | NT 4 · · · ·     |                                  |                |                                   | and the state of t |  |
| Notes:  |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| = ::  |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| 11 CONTRACTOR'S   | OR LANT                              | OWNER'                     | S CERTIFICA'                            | TION:                           | This water       | well was                         | Construct      | ed, □ rec                         | onstructed, or nlugged   |  |
| under my jurisdiction ar  | nd was com                           | pleted on (r               | n <b>c-d</b> ay/yéar)                   | 4-30                            | 14. and t        | his record                       | is true to the | e best of n                       | onstructed, or plugged by knowledge and belief.  |  |
| T Kangag Waler Well Cor   | uracior y la                         | CERSE NO                   | (2 13 1 % 11)                           | IS WATE                         | T WELL KEC       | OLO WAS CO                       |                | <del>                      </del> | / Call   |  |
| under the business name of  |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |
| INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367, Telephone (785) 296-3565. |                                      |                            |   |                                 |                  |                                  |                |                                   |  |  |

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