| WATER WELL RECORD  |  | Form WWC-  | 5           | Division of Water Resources; App. No.                          |                               |                         |  |
|--|--|--|-------------|--|-------------------------------|-------------------------|--|
|  | F WATER WELL:  | 1  | 1           |  | Township Number               |                         |  |
| County: H  | arvey  | Sw1/4 NW1/4 N  | 1601/4      | 3  | T 23 S                        | R 2 EW                  |  |
| Distance and di  | Distance and direction from nearest town or city street address of well if             |  |             | Global Positioning Systems (decimal degrees, min. of 4 digits) |                               |                         |  |
| located within   | located within city? 5 mi N, I w of Halstead   |  |             | Latitude:  |                               |                         |  |
| 3302 old Settlers Rd   |  |  |             | Longitude:   |                               |                         |  |
| 2 WATER WELL OWNER: Ed Kachn<br>RR#, St. Address, Box # : 13624 NW 245   |  |  |             | Elevation:   |                               |                         |  |
| City, State, ZII   |  |  |             | Datum:   |                               |                         |  |
|  | / (00.00.  | eud, KS 6705   |             | Data Collection  | Method:                       |                         |  |
| 3 LOCATE WE  | LL'S   4 DEPTH OF CO   | MPLETED WELL   | <b>5</b>    | ft.  |                               |                         |  |
| LOCATION   |  |  |             | 0 (0)  | 2 (2)                         | 0                       |  |
| WITH AN "X"  |  |  |             |  |                               |                         |  |
| SECTION BO   | X: WELL'S STATIC   | WELL'S STATIC WATER LEVEL 29 ft. below land surface measured on mo/day/yr. 3.7.19.7. |             |  |                               |                         |  |
| IN .   | Pump test data: Well water was   |  |             |  |                               |                         |  |
| THE TAXABLE TO SELECT THE TAXABLE THE TAXA |  |  |             |  |                               |                         |  |
|  | A Domostic 2 Feedlet 6 Oil field water symply 0 Downstoing 12 Other (Specify below)    |  |             |  |                               |                         |  |
| W E Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well  |  |  |             |  |                               |                         |  |
|  |  |  |             |  |                               |                         |  |
| SW   SE  | Was a chemical/bacteriological sample submitted to Department? Yes; If yes, mo/day/yrs |  |             |  |                               |                         |  |
| Sample was submitted   |  |  |             |  |                               |                         |  |
| s  |  |  |             |  |                               |                         |  |
| 5 TYPE OF CAS  | ING USED: 5 Wroug  | ght Iron 8 Conc  | rete tile   | CASIN  | G JOINTS: Glued.た.            | Clamped                 |  |
| 1 Steel  | 3 RMP (SR) 6 Asbes   | tos-Cement 9 Other   | (specify    | below)   | Welded                        |                         |  |
| OPVC 4 ABS 7 Fiberglass Threaded.  Blank casing diameter 5 in. to ft., Diameter in. to ft., Diameter in. to ft.  Casing height above land surface 5 in., Weight 2.3.5 lbs./ft. Wall thickness or guage No. 16.9  |  |  |             |  |                               |                         |  |
| Blank casing diameter  |  |  |             |  |                               |                         |  |
| Casing height above land surface   |  |  |             |  |                               |                         |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  |  |             |  |                               |                         |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify)  |  |  |             |  |                               |                         |  |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)   |  |  |             |  |                               |                         |  |
| SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)   |  |  |             |  |                               |                         |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped Saw Cut 10 Other (specify)   |  |  |             |  |                               |                         |  |
| SCREEN-PERFORATED INTERVALS: From  |  |  |             |  |                               |                         |  |
| From   |  |  |             |  |                               |                         |  |
| GRAVEL PACK INTERVALS: From  |  |  |             |  |                               |                         |  |
| From ft. to ft., From ft. to ft.   |  |  |             |  |                               |                         |  |
|  |  |  |             |  |                               |                         |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other   |  |  |             |  |                               |                         |  |
| Grout Intervals: From  |  |  |             |  |                               |                         |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify   |  |  |             |  |                               |                         |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel s  |  |  |             | storage 14 Abandoned water well below)                         |                               |                         |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well   |  |  |             |  |                               |                         |  |
| Direction from well? How many feet?  |  |  |             |  |                               |                         |  |
| FROM TO  | LITHOLO  | GIC LOG  | FROM        | TO   | PLUGGING INTE                 | RVALS                   |  |
| 0 /8   | Br Clay  |  |             |  |                               |                         |  |
| 18 27  | Silty Br Clay  |  |             |  |                               |                         |  |
| 27 32  | Br Clay  |  |             |  |                               |                         |  |
| 32 35  | F Sand   |  |             |  |                               |                         |  |
| 35 4/  | Br Clay  |  |             |  |                               |                         |  |
| 41 45  | F Sahd   |  |             | -  |                               |                         |  |
| 45 58  | Sand + Sm. Gra   | ve/  |             |  |                               |                         |  |
| 58 61  | Gr Glay  |  |             |  |                               |                         |  |
|  | ,  |  |             |  |                               |                         |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, (2) reconstructed, or (3) plugged  |  |  |             |  |                               |                         |  |
| under my jurisdiction and was completed on (mo/day/year) 3-19-07 and this record is true to the best of my knowledge and helief  |  |  |             |  |                               |                         |  |
| under my jurisdiction and was completed on (mo/day/year)3  |  |  |             |  |                               |                         |  |
| under the business name of Miller Drilling by (signature) which was completed in the day of the signature by (signature)   |  |  |             |  |                               |                         |  |
| INSTRUCTIONS: U  | se typewriter or ball point pen. P   | LEASE PRESS FIRMLY and P.  | RINT clearl | ly. Please fill in blank                                       | s, underline or circle the co | rrect answers. Send top |  |
| three copies to Kansas   | Department of Health and Environ   | nment, Bureau of Water, Geolog   | gy Section, | 1000 SW Jackson St.,   | Suite 420, Topeka, Kansas     | 66612-1367. Telephone   |  |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.   |  |  |             |  |                               |                         |  |
| p www.kdiicko.gov  | va van altevalitiiti.  |  |             |  |                               |                         |  |