| WATER WELL RECORD  |   | Form WWC-               | C-5 Division of Water Resources; App |                       | ater Resources; App. No.                                       |                          |  |
|--|---|-------------------------|--------------------------------------|-----------------------|--|--------------------------|--|
| 1 LOCATION OF WAT<br>County: Care  |   | Fraction NW 1/4 S       | ٤ 1/4                                | Section Numbe         | Township Number T 23 S   | Range Number<br>R 2 EW   |  |
| Distance and direction   | Distance and direction from nearest town or city street address of well if  |                         |                                      |                       | Global Positioning Systems (decimal degrees, min. of 4 digits) |                          |  |
| located within city? 1303 Chestne  |   |                         |                                      | Latitude:             |  |                          |  |
|  |   |                         |                                      | Longitude:            |  |                          |  |
| 2 WATER WELL OWNER: Jim Spece 1  |   |                         |                                      | Elevation:            |  |                          |  |
| RR#, St. Address, Box  |   | Chestrut                | -                                    | Datum:                |  |                          |  |
| City, State, ZIP Code  |   | tead Ko                 |                                      | Data Collectic        | n Method:  |                          |  |
| 3 LOCATE WELL'S  | 4 DEPTH OF COM  | IPLETED WELL            |                                      | Data Conectic         |  |                          |  |
| LOCATE WELL'S LOCATION   | 4 DEFINOR COM   | IFLETED WELL            |                                      | لو                    | 11.  |                          |  |
| WITH AN "X" IN   | Denth(s) Groundwate   | er Encountered (1)      |                                      | ft (2)                | ft (3)   | ft                       |  |
| SECTION BOX:   | Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL ft. ft. below land surface measured on mo/day/yr // - / 1-0. |                         |                                      |                       |  |                          |  |
| N  | Pump test data: Well water wasft. after hours pumping   |                         |                                      |                       |  |                          |  |
|  | Est Yield on  | m: Well water was       |                                      | ft after              | hours pumping  | gnm                      |  |
|  |   |                         |                                      |                       | ir conditioning 11 Inj   |                          |  |
| W NW NE E  |   |                         |                                      |                       | Dewatering 12 Ot   |                          |  |
| W & C  |   |                         |                                      |                       |  |                          |  |
|  |   |                         |                                      |                       |  |                          |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs  |   |                         |                                      |                       |  |                          |  |
| Sample was submitted   |   |                         |                                      |                       |  |                          |  |
| S  |   |                         |                                      |                       |  |                          |  |
| 5 TYPE OF CASING U   | SED: 5 Wrough   | t Iron & Conc           | rete tile                            | CAS                   | ING JOINTS: Glued  | Clamped                  |  |
| Steel 3 RMP  |   |                         |                                      | below)                |  | Clamped                  |  |
| 2 PVC 4 ABS  | 7 Fibergla  | s-Cement 9 Omer         | (specify                             | ociow)                | Threaded   |                          |  |
| Rlank casing diameter  | in to   | of Diameter             |                                      |                       | ft Diameter  | in to ft                 |  |
| 2 PVC 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 in., Weight 6 Wall thickness or guage No. 6   |   |                         |                                      |                       |  |                          |  |
| 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 PERFORAT   |   |                         | ., 101                               |                       | open   |                          |  |
| 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 8 Saw Cut, 10 Other (specify)  |   |                         |                                      |                       |  |                          |  |
| From ft. to ft., From ft. to ft.   |   |                         |                                      |                       |  |                          |  |
| From   |   |                         |                                      |                       |  |                          |  |
| From ft. to ft., From ft. to ft.   |   |                         |                                      |                       |  |                          |  |
|  |   |                         |                                      |                       |  |                          |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 6 Bentonite 4 Other   |   |                         |                                      |                       |  |                          |  |
|  |   |                         |                                      | tt. to                | ft., From  | It. toIt.                |  |
| What is the nearest source of possible contamination:  |   |                         |                                      |                       |  |                          |  |
| 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 storage 14 Abandoned water well below)  |   |                         |                                      |                       |  |                          |  |
| 2 Sewer lines  | 5 Cess pool   | 0 0                     |                                      |                       | Abandoned water well   | below)                   |  |
| 3 Watertight sewer Direction from well?  |   | -                       |                                      |                       | Oil well/gas well  | •••••                    |  |
|  |   |                         |                                      |                       |  | EDIZAL C                 |  |
| FROM TO  | LITHOLOGI   | CLUG                    | FROM                                 | TO                    | PLUGGING INT   | EKVAL3                   |  |
| 02   | Topo Soc  | 1                       |                                      |                       |  |                          |  |
| 2 20   | ·xay  |                         |                                      | -                     |  |                          |  |
| 20 41 6  | ing san   | d                       |                                      |                       |  |                          |  |
| 14 90 m  | yay   |                         |                                      |                       |  |                          |  |
| 74 90 111  | ea pan  | 0                       |                                      |                       |  |                          |  |
|  |   |                         |                                      |                       |  |                          |  |
|  |   |                         |                                      |                       |  |                          |  |
|  |   |                         |                                      |                       |  |                          |  |
|  |   |                         | ļ                                    | <u> </u>              |  |                          |  |
|  |   |                         |                                      |                       |  |                          |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)   |   |                         |                                      |                       |  |                          |  |
| under my jurisdiction and was completed on (mo/day/year)   |   |                         |                                      |                       |  |                          |  |
| Kansas Water Well Contractor's License No O This Water Well Record was completed on (mo/day/year)  |   |                         |                                      |                       |  |                          |  |
| under the business name of   |   |                         |                                      | (signature)           | 7 weeks  |                          |  |
| INSTRUCTIONS: Use typewi   | iter or ball point pen. PLI   | EASE PRESS FIRMLY and F | PRINT clear                          | ly. Please fill in bl | anks, underline or the the c                                   | orrect answers. Send top |  |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. 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.  |   |                         |                                      |                       |  |                          |  |