

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

FI 195

1 LOCATION OF WATER WELL: County: Finney Fraction 1/4 NE 1/4 NW 1/4 NE 1/4 Section Number 30 Township No. T 23 S Range Number R 34 E W Global Positioning System (GPS) information: Latitude: 38.031977 Longitude: 101.090650

2 WATER WELL OWNER: Lucy Danler RR#, Street Address, Box #: RR1 box 440 City, State, ZIP Code : Deerfield, Ks. 67838 3 LOCATE WELL WITH AN "X" IN SECTION BOX: [Diagram] 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

5 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter .16..... in. to .314..... ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface...12..... in., Weightlbs./ft., Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From .211..... ft. to .311..... ft., From ft. to ft. GRAVEL PACK INTERVALS: From .20..... ft. to .314..... ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 0..... ft. to 4..... ft., From 4..... ft. to 20..... ft., From ft. to ft. What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Direction from well SE Distance from well 1300'

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Content: Instal 2" vent/access on casing at 4' below land surface, grouted with neat cement grout from 0-4', bentonite grout observed below 4', disinfected then capped vent/access.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 9/13/14..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 874..... This Water Well Record was completed on (mo/day/year) 10/8/14..... under the business name of Kansas Well-cam..... by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at