| WATE   | R WELL RE  | ECORD   | Form WWC-5               | Division of Wate     | r Resources; App. No.   |              |  |
|--|--|---|--------------------------|----------------------|-------------------------|--------------|--|
| 1 LOC  |  | ATER WELL:  | Fraction                 | Section Number       | Township Number         | Range Number |  |
| Cour   |  |   | SE 1/4 SE 1/4 NE 1/4     | 34                   | T 24 S                  | R 18 KW      |  |
|  |  | on from nearest town or city  |                          | Systems (decimal deg | rees, min. of 4 digits) |              |  |
|  | located within city?   |   |                          | Latitude:            |                         |              |  |
| 3/4  | 3/4 South, 1 West of Lewis   |   |                          | Longitude:           |                         |              |  |
|  | Dave McCiaren  |   |                          | Elevation:           |                         |              |  |
|  | , St. Address, B   | 10/0 11 1104  |                          | Datum:               |                         |              |  |
| City   | , State, ZIP Cod   | Tento ivo   |                          | Data Collection      |                         |              |  |
| 3 LOC  | ATE WELL'S   | 4 DEPTH OF COMP   | LETED WELL85             | ft.                  |                         |              |  |
|  | CATION   |   |                          |                      |                         |              |  |
|  | TTH AN "X" IN Depth(s) Groundwater Encountered (1)   |   |                          |                      |                         |              |  |
| SEC  | TION BOX:  | WELL'S STATIC WATER LEVEL43 ft. below land surface measured on mo/day/yr1-18-10 |                          |                      |                         |              |  |
| l  | N Pump test data: Well water was   |   |                          |                      |                         |              |  |
| '  | Est. Yield. M.Agpm: Well water wasft. after  |   |                          |                      |                         |              |  |
|  | 1 Demostic 2 Feedlet (Oil field mater annulus O Demostrains 12 Other (Specific hole  |   |                          |                      |                         |              |  |
| W  | X E  | 2 Irrigation 4 Indu   | ustrial 7 Domestic (lawn | & garden) 10 Mor     | nitoring well           | Stock        |  |
| '  |  |   |                          |                      |                         |              |  |
| SV   | Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs   |   |                          |                      |                         |              |  |
|  | Sample was submitted   |   |                          |                      |                         |              |  |
| S  |  |   |                          |                      |                         |              |  |
| 5 TYPI   | E OF CASING  | USED: 5 Wrought In  | ron 8 Concrete tile      | CASING               | G JOINTS: Glued         | Y Clamped    |  |
|  |  | MP (SR) 6 Asbestos-0  |                          |                      |                         |              |  |
| _  |  | 3S 7 Fiberglass   |                          |                      |                         |              |  |
| 2 PVC 4 ABS 7 Fiberglass   |  |   |                          |                      |                         |              |  |
| Casing 1   | neight above lan   | d surface24   | in., WeightSDR-26        | lbs./ft. Wall thi    | ckness or guage No.     |              |  |
|  |  | R PERFORATION MATE  |                          |                      |                         |              |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 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 Guazed 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   |  |   |                          |                      |                         |              |  |
| GRAVEL PACK INTERVALS: From  |  |   |                          |                      |                         |              |  |
| From   |  |   |                          |                      |                         |              |  |
| 110111   |  |   |                          |                      |                         |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Otherhole.plug  |  |   |                          |                      |                         |              |  |
| Grout Intervals: From  |  |   |                          |                      |                         |              |  |
| 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) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? West. How many feet? 30 |  |   |                          |                      |                         |              |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well  Direction from well? West. How many feet? 30   |  |   |                          |                      |                         |              |  |
| FROM   |  | LITHOLOGIC  |                          | ···•                 | PLUGGING INT            |              |  |
| FROM<br>0  | TO   Cl  | ay with some fine   |                          | M TO                 | L LOGOING IN I          | LICYALD      |  |
| 19   |  | and & gravel- small   |                          |                      |                         |              |  |
| 82   |  | ay  | -                        |                      |                         |              |  |
| - 02   | 05 01  | .ay   |                          |                      |                         |              |  |
|  |  |   |                          |                      |                         |              |  |
|  |  |   |                          |                      |                         |              |  |
|  |  |   |                          |                      |                         |              |  |
|  |  |   |                          |                      |                         |              |  |
|  |  |   |                          |                      |                         |              |  |
|  |  |   |                          |                      |                         |              |  |
| 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)1-18-10 and this record is true to the best of my knowledge and belief.  |  |   |                          |                      |                         |              |  |
| Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo/day/year)1-22-10  |  |   |                          |                      |                         |              |  |
| under th   | e business name  | e of Rosencrantz-   | Bemis                    | by (signature) 🗪     | ra ales                 |              |  |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct 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 |   |                          |                      |                         |              |  |

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http://www.kdhe.state.ks.us/geo/waterwells.