

State

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: Sedgwick Fraction NW 1/4 NW 1/4 N 1/4 SE 1/4 Section Number 32 Township Number T 26 S Range Number R 1 E W

2 WELL OWNER: Last Name: Penner First: Graig Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: [X]

3 LOCATE WELL WITH 'X' IN SECTION BOX: [Diagram] 4 DEPTH OF COMPLETED WELL: 60 ft. 5 Latitude: 37.74413940 Longitude: 97.45261816

7 WATER TO BE USED AS: 1. Domestic: [X] Household [X] Lawn & Garden [] Livestock 2. Irrigation [] Feedlot [] Industrial 5. Public Water Supply: well ID 6. Dewatering: how many wells? 7. Aquifer Recharge: well ID 8. Monitoring: well ID 9. Environmental Remediation: well ID 10. Oil Field Water Supply: lease 11. Test Hole: well ID 12. Geothermal: how many bores? 13. Other (specify):

Was a chemical/bacteriological sample submitted to KDHE? [] Yes [X] No If yes, date sample was submitted:

8 TYPE OF CASING USED: [] Steel [X] PVC [] Other CASING JOINTS: [X] Glued [] Clamped [] Welded [] Threaded Casing diameter 5 in. to 6.2 ft. Diameter 5 in. to 6.2 ft. Casing height above land surface 1.2 in. Weight 160 lbs./ft. Wall thickness or gauge No. 26

9 GROUT MATERIAL: [] Neat cement [] Cement grout [X] Bentonite [] Other Grout intervals: From 4 ft. to 26 ft. From ft. to ft. From ft. to ft.

Nearest source of possible contamination: [] Septic Tank [] Sewer Lines [X] Watertight Sewer Lines [] Lateral Lines [] Cess Pool [] Seepage Pit [] Pit Privy [] Sewage Lagoon [] Feedyard [] Livestock Pens [] Fuel Storage [] Fertilizer Storage [] Insecticide Storage [] Abandoned Water Well [] Oil Well/Gas Well

Table with columns: 10 FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows: 0-2 Topsoil, 2-20 Clay, 20-35 fine sand, 35-39 clay, 39-60 medium sand

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [X] constructed, [] reconstructed, or [] plugged under my jurisdiction and was completed on (mo-day-year) 10-2-15 and this record is true to the best of my knowledge and belief.

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.