| 1.10   |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
|--|---|-------------------------|--|-----------------------------|----------------|--|--|---|----------|--------------------------|-------------------|--|
| WATER  | WELL I  | RECORD                  | Form `   | WWC-5                       |                | Divis  | sion of Water  |   |          |                          | MW8               |  |
| Original Record Correction Change in Well Use  |   |                         |  |                             |                | Resources App. No.   |  |   |          | Well ID                  |                   |  |
| 1 LOCATION OF WATER WELL:<br>County: RENO       Fraction<br>NW1/4 SE 1/4 NE 1/4  |   |                         |  |                             |                |  | Section NumberTownship NumberRange Number5T26SSR10 □ E ■ W                                 |   |          |                          |                   |  |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and discrete and discrete address, add |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| Address: 1000 SW JACKSON   |   |                         |  |                             |                | rection from nearest town or intersection): If at owner's address, check here: |  |   |          |                          |                   |  |
| Address: 112 W. HVVY 61, TURON, KS   |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| City:  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| WITH "   | X" IN   |                         |  |                             |                |  |  |   |          |                          | (decimal degrees) |  |
| SECTIO   |   | 2)                      | 2) ft. 3) ft., or 4) Dry Well Horizontal Datum: WGS 84 D NAD 83 NAD 27   |                             |                |  |  |   |          |                          |                   |  |
|  | · · · · · · · · · · · · · · · · · · ·   | WELL'S S                | TATIC WA   | TER LEVEL:                  | 22.91 ft       |  | Source   | for Latitude/Lor  | ngitude: |                          |                   |  |
| NW   | I NE  | above                   | <ul> <li>below land surface, measured on (mo-day-yr)1/23/19.</li> <li>above land surface, measured on (mo-day-yr)</li> </ul> |                             |                |  |  | □ GPS (unit make/model:)<br>(WAAS enabled? □ Yes □ No)<br>■ Land Survey □ Topographic Map<br>□ Online Mapper: |          |                          |                   |  |
|  |   | Pump test of            | Pump test data: Well water was ft.   |                             |                |  |  |   |          |                          |                   |  |
| W  | X E   | after                   | after hours pumping gpm<br>Well water was ft.  |                             |                |  |  |   |          |                          |                   |  |
| SW   | SE  | after                   | after hours pumping  |                             |                |  |  |   |          |                          |                   |  |
|  | s   | Estimated `             | Estimated Yield:gpm<br>Bore Hole Diameter:   |                             |                |  |  | Source: Land Survey GPS Topographic Map   |          |                          |                   |  |
| 1 n  |   |                         | in. to ft.   |                             |                |  |  |   |          |                          |                   |  |
| 7 WELL WATER TO BE USED AS:  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| 1. Domestic:   | 1. Domestic:       5. □ Public Water Supply: well ID         □ Household       6. □ Dewatering: how many wells?   |                         |  |                             |                |  | 10. Oil Field Water Supply: lease           11. Test Hole: well ID                         |   |          |                          |                   |  |
|  |   | 7. 🛙                    | 7. Aquifer Recharge: well ID   |                             |                |  |  |   |          |                          |                   |  |
|  |   |                         | 8. Monitoring: well ID MVV8  |                             |                |  |  | ermal: how man  |          |                          |                   |  |
|  |   |                         | Air Sparg  | mental Remediation: well ID |                |  | a) Closed Loop 🔲 Horizontal 🔲 Vertical<br>b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water |   |          |                          |                   |  |
| 4. 🔲 Industr   |   |                         | Recovery Injection   |                             |                |  | 13. Other (specify):   |   |          |                          |                   |  |
| Was a chemical/bacteriological sample submitted to KDHE? 🗌 Yes 🗋 No If yes, date sample was submitted:   |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| Water well disinfected?       Yes       No         8 TYPE OF CASING USED:       Steel       ■ PVC       Other       CASING JOINTS:       Glued       □ Clamped       □ Welded       ■ Threaded   |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| Casing diameter  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       Fiberglass         Fiberglass  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)   |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
|  | OR PERFO  | RATION OPI<br>Mill Slot |  |                             | Treast Cut     |  | d II a la a  | Children (Smaa  | <b></b>  |                          |                   |  |
|  | ered Shutter  | Key Pune                | ched 🗖 V   | auze Wrapped                | Saw Cut        |  | one (Open He   | ole)  |          |                          |                   |  |
| SCREEN-H   | □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)<br>SCREEN-PERFORATED INTERVALS: From .20ft. to .35ft., Fromft. toft. to  |                         |  |                             |                |  |  |   |          |                          |                   |  |
| G CPOUT  | RAVEL PA  | ACK INTERV              | ALS: From  | m! ? ft. to<br>Cement grout | Bontonito      | rom  | ft. to   | te Surface C  | omolet   | ft. to<br>ion 0 -1       | ) ft.             |  |
| Grout Interv   | als: From .   | 0 ft. t                 | o .1   | ft., From1                  | Bentonite      | 1.8  | ft., From .  | ft. to  | ·····    | ft.                      | •••••             |  |
| Nearest sou  | rce of possi  | ble contaminat          | tion:  |                             |                |  |  |   |          |                          |                   |  |
| Septic Sewer   |   |                         | Lateral Lin<br>Cess Pool   |                             | /y<br>e Lagoon |  | Livestock Per<br>Fuel Storage  |   |          | ide Storage<br>ned Water |                   |  |
| U Watert   | ight Sewer L  | lines 🔲                 | Seepage Pi   | t 🗌 Feedya                  | rd             |  | Fertilizer Stor  |   |          | I/Gas Well               |                   |  |
| Direction from   | ☐ Other (Specify)<br>Direction from well? ft.   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| 10 FROM  | TO  |                         | LITHOLO  | GIC LOG                     | FR             | M  | TO   | LITHO. LOG (o   | ont.) or | PLUGGIN                  | G INTERVALS       |  |
| 0  | 1   | TOPSOIL                 |  |                             |                |  |  |   |          |                          |                   |  |
| 1<br>10  | 10<br>35  | SILTY CLA               | Y  |                             |                |  |  |   |          |                          |                   |  |
|  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
|  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
|  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
|  | Notes:  |                         |  |                             |                |  |  |   |          |                          |                   |  |
|  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged   |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| under my jurisdiction and was completed on (mo-day-year) .1/22/19 and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 585  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| under the b  | Kansas Water Well Contractor's License No. 585. This Water Well Record was completed on (mo day-year 2/8/19<br>under the business name of ASSOCIATED ENVIRONMENTAL INC. Signature   |                         |  |                             |                |  |  |   |          |                          |                   |  |
| Mail   | Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Burgey 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. |                         |  |                             |                |  |  |   |          |                          |                   |  |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015  |   |                         |  |                             |                |  |  |   |          |                          |                   |  |

