

# WATER WELL RECORD Form WWC-5

Division of Water  
Resources App. No.

AS-1

☒ Original Record ☐ Correction ☐ Change in Well Use

Well ID

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Reno</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Fraction<br>SW ¼ NW ¼ SW ¼ SE ¼                                                                                                                                                                                                                                                               | Section Number<br><u>18</u>                                                                                                                                                                                                                    | Township Number<br>T <u>26</u> S | Range Number<br>R <u>6</u> E <input checked="" type="checkbox"/> W |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
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| <b>2 WELL OWNER:</b> Last Name: _____ First: _____<br>Business: <u>Kansas Dept of Health and Environment</u><br>Address: <u>1000 SW Jackson, Suite 410</u><br>City: <u>Topeka</u> State: <u>KS</u> ZIP: <u>66612-1367</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                                                                               | 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: <input type="checkbox"/><br><u>SW corner S Santa Fe &amp; E Booth, Pretty Prairie</u> |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><div style="text-align: center;"><table border="1" style="margin: auto;"><tr><td> </td><td> </td><td> </td></tr><tr><td>-- NW --</td><td style="text-align: center;">X</td><td>-- NE --</td></tr><tr><td>-- SW --</td><td style="text-align: center;">X</td><td>-- SE --</td></tr><tr><td> </td><td> </td><td> </td></tr></table></div><br>S<br>1 mile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                  | -- NW --                                                           | X       | -- NE -- | -- SW --       | X    | -- SE -- |                                          |   |   | <b>4 DEPTH OF COMPLETED WELL:</b> <u>40</u> ft.<br>Depth(s) Groundwater Encountered: 1) _____ ft.<br>2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: _____ ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr) _____<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) _____<br>Pump test data: Well water was _____ ft.<br>after _____ hours pumping _____ gpm<br>Well water was _____ ft.<br>after _____ hours pumping _____ gpm<br>Estimated Yield: _____ gpm<br>Bore Hole Diameter: <u>8</u> in. to <u>40</u> ft. and<br>_____ in. to _____ ft. |  | <b>5 Latitude:</b> <u>37-33.779541</u> (decimal degrees)<br><b>Longitude:</b> <u>98.018757</u> (decimal degrees)<br><b>Horizontal Datum:</b> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><br><input type="checkbox"/> GPS (unit make/model: _____)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input checked="" type="checkbox"/> Online Mapper: <u>Google Earth</u> |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
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| -- NW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X  | -- NE --                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| -- SW --                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X  | -- SE --                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
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| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID _____<br>6. <input type="checkbox"/> Dewatering: how many wells? _____<br>7. <input type="checkbox"/> Aquifer Recharge: well ID _____<br>8. <input type="checkbox"/> Monitoring: well ID _____<br>9. Environmental Remediation: well ID <u>AS-1</u><br><input checked="" type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease _____<br>11. Test Hole: well ID _____<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? _____<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | <b>6 Elevation:</b> <u>1571</u> ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br><b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input checked="" type="checkbox"/> Other <u>KOLAR</u> |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| <b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____<br><b>Water well disinfected?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded<br>Casing diameter <u>2</u> in. to <u>38</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.<br>Casing height above land surface _____ in. Weight _____ lbs./ft. Wall thickness or gauge No. _____<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>38</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>36</u> ft. to <u>40</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. |    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| <b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Concrete</u><br>Grout Intervals: From <u>0</u> ft. to <u>1</u> ft., From <u>1</u> ft. to <u>36</u> ft., From _____ ft. to _____ ft.<br><b>Nearest source of possible contamination:</b><br><input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage<br><input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well<br><input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well<br><input checked="" type="checkbox"/> Other (Specify) <u>Contaminated site</u><br>Direction from well? _____ Distance from well? _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10 FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Clay, sandy, silty, Dark Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>4</td> <td>Clay, sandy, silty, Brown to Red Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>6</td> <td>Sand, vf-m, v. clayey, silty, Brn to Yel Brn</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>12</td> <td>Sand, sl. clayey, silty, Yellow Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td>20</td> <td>Sand, vf-m w/tr. c, silty, Yellow Brown</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>27</td> <td>Sand, vf-m w/tr. c-f gravel, silty, Lt. Brow</td> <td></td> <td></td> <td></td> </tr> <tr> <td>27</td> <td>32</td> <td>Sand, vf-c w/tr. f gravel, Tan</td> <td></td> <td></td> <td></td> </tr> <tr> <td>32</td> <td>40</td> <td>Sand, mvf-c w/tr. f gravel, Tan w/V Lt Gry</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="height: 40px; vertical-align: top;">Notes:</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                  |                                                                    | 10 FROM | TO       | LITHOLOGIC LOG | FROM | TO       | LITHO. LOG (cont.) or PLUGGING INTERVALS | 0 | 2 | Clay, sandy, silty, Dark Brown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2 | 4 | Clay, sandy, silty, Brown to Red Brown |  |  |  | 4 | 6 | Sand, vf-m, v. clayey, silty, Brn to Yel Brn |  |  |  | 6 | 12 | Sand, sl. clayey, silty, Yellow Brown |  |  |  | 12 | 20 | Sand, vf-m w/tr. c, silty, Yellow Brown |  |  |  | 20 | 27 | Sand, vf-m w/tr. c-f gravel, silty, Lt. Brow |  |  |  | 27 | 32 | Sand, vf-c w/tr. f gravel, Tan |  |  |  | 32 | 40 | Sand, mvf-c w/tr. f gravel, Tan w/V Lt Gry |  |  |  | Notes: |  |  |  |  |  |
| 10 FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                | FROM                                                                                                                                                                                                                                           | TO                               | LITHO. LOG (cont.) or PLUGGING INTERVALS                           |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
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| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4  | Clay, sandy, silty, Brown to Red Brown                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
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| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12 | Sand, sl. clayey, silty, Yellow Brown                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20 | Sand, vf-m w/tr. c, silty, Yellow Brown                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 27 | Sand, vf-m w/tr. c-f gravel, silty, Lt. Brow                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 32 | Sand, vf-c w/tr. f gravel, Tan                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 40 | Sand, mvf-c w/tr. f gravel, Tan w/V Lt Gry                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |
| <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>10/6/2016</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo-day-year) <u>10/10/2016</u> under the business name of <u>GeoCore Inc.</u> Signature <u>[Signature]</u><br>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.<br>Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 7/10/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                  |                                                                    |         |          |                |      |          |                                          |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |   |   |                                        |  |  |  |   |   |                                              |  |  |  |   |    |                                       |  |  |  |    |    |                                         |  |  |  |    |    |                                              |  |  |  |    |    |                                |  |  |  |    |    |                                            |  |  |  |        |  |  |  |  |  |





Google Earth

feet  
meters 100 50

Collingwood Grain, Inc. T&M  
204 E. Booth, Pretty Prairie, Kansas  
KDHE Project Code: U2-078-11131

GPS Coordinates:

AS-1: 37.779542, -98.018756\*  
AS-2: 37.779608, -98.018761  
AS-3: 37.779569, -98.018831  
AS-4: 37.779497, -98.018833  
AS-5: 37.779592, -98.018697

AS-6: 37.779531, -98.018717  
AS-7: 37.779503, -98.018558  
AS-8: 37.779347, -98.018558  
AS-9: 37.779458, -98.018553  
VEW-1: 37.779542, -98.018728\*  
VEW-2: 37.779456, -98.018578\*

\*Wells were previously installed but surveyed along with others at this site.