| WATER WELL R   |  |   | WWC-5                      |                 | ision of Water |  | ]            |                   |  |
|--|--|---|----------------------------|-----------------|----------------|--|--------------|-------------------|--|
| Original Record  |  |   | ge in Well Use             |                 | ources App. N  |  | - Well ID    | -                 |  |
| 1 LOCATION OF W  |  | Section Number Township Number Range Number |                            |                 |                |  |              |                   |  |
|  |  |   |                            |                 |                |  |              |                   |  |
| 2 WELL OWNER: Last Name: First: Brandy  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:   |  |   |                            |                 |                |  |              |                   |  |
| Address: 1425 McComarst  |  |   |                            |                 |                |  |              |                   |  |
| City: MA'Chite   |  | State: KS                                   | ZIP: 107213                |                 |                |  |              |                   |  |
| 3 LOCATE WELL  |  |   |                            |                 |                | ide: 37,6824                             | 213          |                   |  |
| WITH "X" IN  |  |   | APLETED WELL:              |                 | 5 Lautu        | tude: 97-38 G                            | ~!           | (decimal degrees) |  |
| SECTION BOX:   |  |   | Encountered: 1)            |                 |                | ntal Datum: WGS                          |              |                   |  |
| N  | 2) ft. 3) ft., or 4) Dry Well Horizontal Datum: WG WELL'S STATIC WATER LEVEL: ft. Source for Latitude/Longit |   |                            |                 |                |  |              | 55 LI NAD 27      |  |
|  | 1  |   | , measured on (mo-day      |                 |                | GPS (unit make/model:)                   |              |                   |  |
| NWNE   |  | above land surface, measured on (mo-day-yr) |                            |                 |                | (WAAS enabled? [                         | Yes N        | io)               |  |
|  |  | Pump test data: Well water was ft.          |                            |                 |                | ☐ Land Survey ☐ Topographic Map          |              |                   |  |
| W  | апет   | after hours pumping gpm  Well water was ft. |                            |                 |                | M Online Mapper: Google Frith            |              |                   |  |
| SWSE   | after  |   | s pumping                  |                 |                |  |              |                   |  |
| ×I-  |  | Estimated Yield:gpm                         |                            |                 |                | 6 Elevation:ft. Ground Level TOC         |              |                   |  |
| S  | Bore Hole I  | )iameter:                                   | in. to                     | ft. and         | Source         | Source:  Land Survey GPS Topographic Map |              |                   |  |
| 1 mile  in. to ft. Other   |  |   |                            |                 |                |  |              |                   |  |
| 7 WELL WATER TO BE USED AS:<br>  1. Domestic:   5. □ Public Water Supply:   well ID  |  |   |                            |                 |                |  |              |                   |  |
| 1. Domestic:   |  |   |                            |                 |                | Oil Field Water Supply: lease            |              |                   |  |
| Lawn & Garden  | 6. ☐ Dewatering: how many wells?   |   |                            |                 |                | ☐ Cased ☐ Uncased ☐ Geotechnical         |              |                   |  |
| Livestock  | 8. Monitoring: well ID   |   |                            |                 |                |  |              |                   |  |
| 2. Irrigation  | 9. Environmental Remediation: well ID  |   |                            |                 |                |  | ıtal 🔲 Verti | cal               |  |
| 3. Feedlot   |  | Air Sparge                                  |                            | Extraction      | b) Op          | en Loop 🖸 Surface D                      | ischarge 🔲   | Inj. of Water     |  |
| 4. Industrial 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 VPVC Other CASING JOINTS: Glued [ Clamped Welded Threaded   |  |   |                            |                 |                |  |              |                   |  |
| Casing diameter  |  |   |                            |                 |                |  |              |                   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  |   |                            |                 |                |  |              |                   |  |
| Steel   Stainless Steel   Fiberglass   PVC   Other (Specify)   |  |   |                            |                 |                |  |              |                   |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)   |  |   |                            |                 |                |  |              |                   |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |  |   |                            |                 |                |  |              |                   |  |
| Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)  |  |   |                            |                 |                |  |              |                   |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)   |  |   |                            |                 |                |  |              |                   |  |
| SCREEN-PERFORATED INTERVALS: From  |  |   |                            |                 |                |  |              |                   |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |  |   |                            |                 |                |  |              |                   |  |
| Grout Intervals: From  |  |   |                            |                 |                |  |              |                   |  |
| Nearest source of possible contamination:  |  |   |                            |                 |                |  |              |                   |  |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage   |  |   |                            |                 |                |  |              |                   |  |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well  |  |   |                            |                 |                |  |              |                   |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well   |  |   |                            |                 |                |  |              |                   |  |
| Other (Specify)   Direction from well?   ft.   |  |   |                            |                 |                |  |              |                   |  |
| 10 FROM TO   |  | ITHOLO                                      |                            | FROM            |                | LITHO. LOG (cont.) o                     |              | G INTERVALS       |  |
|  |  |   |                            |                 |                |  |              |                   |  |
|  |  |   |                            |                 |                |  |              |                   |  |
|  |  |   |                            |                 |                |  |              |                   |  |
|  |  |   |                            |                 |                |  |              |                   |  |
| <del> </del>   |  |   |                            |                 |                |  |              |                   |  |
|  |  |   |                            | Notes:          |                | (06.1-0                                  |              |                   |  |
| <del></del>  |  |   |                            | - Notes. K      | aised i        | casing                                   |              |                   |  |
|  |  |   |                            |                 |                |  |              |                   |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 0.120,2020, and this record is true to the best of my knowledge, and belief.  |  |   |                            |                 |                |  |              |                   |  |
| under my jurisdiction and was completed on (mo-day-year) 0.1130/2020, and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No   |  |   |                            |                 |                |  |              |                   |  |
| Kansas Water Well Coa  | ntractor's Lic   | ense No                                     | 7.8 <i>6</i> This Wa       | ater Well Ke    | cora was com   | npieteu on (mo-uay-y                     |              | U. A              |  |
| Mail 1 white core als  | ng with a fee of   | \$5.00 for ea                               | ch constructed well to: Ka | nsas Department | of Health and  | Environment, Bureau of V                 | Vater, GWTS  | section,          |  |
| under the business name of C.P.S.J. CQ. HALLEX CO. Signature  Mail I 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. |  |   |                            |                 |                |  |              |                   |  |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015  |  |   |                            |                 |                |  |              |                   |  |