

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: Sedgwick Fraction SW 1/4 NW 1/4 NE 1/4 SE 1/4 Section Number 19 Township Number T 21 S Range Number R) [] E [] W

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

3 LOCATE WELL WITH "X" IN SECTION BOX: [Diagram] 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) ... ft. 2) ... ft. 3) ... ft., or 4) [] Dry Well WELL'S STATIC WATER LEVEL: [] below land surface, measured on (mo-day-yr) ... ft. [] above land surface, measured on (mo-day-yr) ... ft. Pump test data: Well water was ... ft. after ... hours pumping ... gpm Well water was ... ft. after ... hours pumping ... gpm Estimated Yield: ... gpm Bore Hole Diameter: ... in. to ... ft. and ... in. to ... ft. 5 Latitude: 37.0851793 (decimal degrees) Longitude: -97.4067679 (decimal degrees) Horizontal Datum: [X] WGS 84 [] NAD 83 [] NAD 27 Source for Latitude/Longitude: [] GPS (unit make/model: ...) (WAAS enabled? [] Yes [] No) [] Land Survey [] Topographic Map [X] Online Mapper: Google Earth 6 Elevation: ... ft. [] Ground Level [] TOC Source: [] Land Survey [] GPS [] Topographic Map [] Other

7 WELL WATER TO BE USED AS: 1. Domestic: [] Household [X] Lawn & Garden [] Livestock [] Irrigation [] Feedlot [] Industrial 5. [] Public Water Supply: well ID ... 6. [] Dewatering: how many wells? ... 7. [] Aquifer Recharge: well ID ... 8. [] Monitoring: well ID ... 9. Environmental Remediation: well ID ... [] Air Sparge [] Soil Vapor Extraction [] Recovery [] Injection 10. [] Oil Field Water Supply: lease ... 11. Test Hole: well ID ... [] Cased [] Uncased [] Geotechnical 12. Geothermal: how many bores? ... a) Closed Loop [] Horizontal [] Vertical b) Open Loop [] Surface Discharge [] Inj. of Water 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 [X] PVC [] Other CASING JOINTS: [X] Glued [] Clamped [] Welded [] Threaded Casing diameter ... 5 ... in. to ... ft., Diameter ... in. to ... ft., Diameter ... in. to ... ft. Casing height above land surface ... 13 ... in. Weight ... lbs./ft. Wall thickness or gauge No. ... 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 ... ft. to ... ft., From ... ft. to ... ft., From ... ft. to ... ft. GRAVEL PACK INTERVALS: From ... ft. to ... ft., From ... ft. to ... ft., From ... ft. to ... ft.

9 GROUT MATERIAL: [] Neat cement [] Cement grout [] Bentonite [] Other Grout Intervals: From ... ft. to ... ft., From ... ft. to ... ft., From ... ft. to ... ft. 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? ... Distance from well? ... ft.

Table with 6 columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Includes a 'Notes: raised casing' entry.

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [] constructed, [X] reconstructed, or [] plugged under my jurisdiction and was completed on (mo-day-year) 9/17/21 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 948 This Water Well Record was completed on (mo-day-year) 9/30/21 under the business name of Desoria Mansman Signature [Signature]

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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015