|  |   | RECORD               |                         | WWC-5                                 |                                       |   | vision of Wate  |                                    | ٦           | " "         |                  |  |
|--|---|----------------------|-------------------------|---------------------------------------|---------------------------------------|---|---|------------------------------------|-------------|-------------|------------------|--|
|  | Original Record Correction Change in Well Use   |                      |                         |                                       |                                       | Resources App. No. Well ID  |   |                                    |             |             |                  |  |
| 1 LOCATION OF WATER WELL: Fraction County: Kingman NE 1/4 NW 1/4 SW 1/4 I  |   |                      |                         |                                       |                                       | Section Number   Township Number   Range Number   NW 1/4   8   T 27 S   R 7 $\square$ E $\square$ W |   |                                    |             |             |                  |  |
| 2 WELL OWNER; Last Name: Huey First: Jenna Street or Rural Address where well is located (if unknown, distance a   |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| Business:  |   | Last Name. 110       | <b>.</b> ,              | Trist. Oom                            |                                       | ection from nearest town or intersection): If at owner's address, check here:                       |   |                                    |             |             |                  |  |
|  | 4698 Nor  | th Berry             |                         |                                       |                                       | ,   |   |                                    |             |             |                  |  |
| Address:   | I/:   |                      | State: Ks.              | 7D: 670                               | 20                                    |   |   |                                    |             |             |                  |  |
| City:  3 LOCAT   | Kingman   | 1                    |                         | ZIP: 670                              |                                       |   |   | <del></del>                        | <del></del> |             |                  |  |
| WITH "Y" IN 4 DEPTH OF COMPLETED WELL:   |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| SECTIO   |   |                      |                         | Encountered:                          |                                       |   |   |                                    |             |             |                  |  |
| 2)   |   |                      |                         |                                       |                                       |   |   |                                    |             | NAD 8       | 33 🔳 NAD 27      |  |
|  | below land surface, measured on (mo-day-yr  |                      |                         |                                       |                                       |   |   | e for Latitude/Longi               |             | nin 62      | s \              |  |
| NW.  | above land surface, measured on (mo-day-yr  |                      |                         |                                       |                                       |   | GPS (unit make/model: Garmin 62S (WAAS enabled? ☐ Yes ■ No) |                                    |             |             |                  |  |
| •  | Pump test data: Well water was ft.  |                      |                         |                                       |                                       |   | ☐ Land Survey ■ Topographic Map                             |                                    |             |             |                  |  |
| w  | E after hours pumpingg  |                      |                         |                                       |                                       |   | ☐ Online Mapper:  |                                    |             |             |                  |  |
| sw   | Well water was  |                      |                         |                                       |                                       |   |   |                                    |             | <del></del> |                  |  |
|  | Fstimated Vield: gpm  |                      |                         |                                       |                                       |   | 6 Eleva   | tion: 1550                         | ft. 🔳 (     | Ground      | Level 🗆 TOC      |  |
| 1  | S Bore Hole Diameter:10 in. to46  |                      |                         |                                       |                                       |   | Source  | e: 🗌 Land Survey                   | GPS         | ☐ To        | pographic Map    |  |
|  | 1 mile in. to   |                      |                         |                                       |                                       |   | ft. Other   |                                    |             |             |                  |  |
| 7 WELL WATER TO BE USED AS:  |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| 1. Domestic: 5. Public Water Supply: well ID   |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
|  | <ul> <li>Household</li> <li>□ Lawn &amp; Garden</li> <li>□ Aquifer Recharge: well ID</li> </ul> |                      |                         |                                       |                                       |   |   | Hole: well ID                      |             |             |                  |  |
| ☐ Lawn o   |   |                      |                         | ecnarge: wei<br>g: well ID            |                                       |   |   | ased Uncased<br>hermal: how many b |             |             |                  |  |
| 2. Irrigati  |   |                      |                         | al Remediation                        |                                       |   |   | losed Loop  Hori                   |             |             |                  |  |
| 3. Feedlot Air Sparge Soil Vapor Ex  |   |                      |                         |                                       |                                       |   | b) Open Loop Surface Discharge Inj. of Water                |                                    |             |             |                  |  |
| 4. 🔲 Industr   |   |                      | Recovery                |                                       |                                       | 13. Other (specify):  |   |                                    |             |             |                  |  |
| Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:  |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| Water well disinfected? ■ Yes □ No   |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| 8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other   |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| Casing diameter 5 in to 16 ft. Diameter in to ft.  |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| Casing height above land surface   |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| ☐ Steel     ☐ Fiberglass     ☐ PVC     ☐ Other (Specify)     ☐ 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: From46  |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| G  | RAVEL PA  | CK INTERV            | ALS: Fron               | n13 fl                                | t. to46                               | ft., From   | ft. t   | o ft., Fron                        | 1           | ft. to      | ft.              |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| Grout Intervals: From  |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| Septic   |   |                      | ion:<br>Lateral Line    | s □1                                  | Pit Privy                             | Г   | Livestock Pe  | ene □ Inc                          | ecticide S  | Storage     |                  |  |
| Sewer  |   | _                    | Cess Pool               | _                                     | Sewage Lag                            | _   | Fuel Storage  |                                    | andoned     |             | Well             |  |
| ☐ Watert   | ight Sewer L  |                      | Seepage Pit             |                                       | Feedyard                              |   | Fertilizer Sto  |                                    | Well/Ga     |             |                  |  |
| Direction from well? North Distance from well? .15   |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
|  |   |                      |                         |                                       | nce from we                           | <del></del>   |   |                                    |             | 1000        | C Palling 17 1 2 |  |
| 10 FROM  | TO  |                      | LITHOLO                 | GIC LOG                               |                                       | FROM  | TO  | LITHO. LOG (con                    | .) or PLU   | GGIN        | JINTERVALS       |  |
| 4  | 10  | Top soil Brown clay- | fine cand               | miv                                   |                                       | <del> </del>  | <del>  </del>   |                                    |             |             |                  |  |
| 10   | 15  | Brown clay           | iiii <del>o</del> sailu | 11114                                 | · · · · · · · · · · · · · · · · · · · |   |   | . /                                |             |             |                  |  |
| 15   | 22  | Small-med.           | sand                    | · · · · · · · · · · · · · · · · · · · |                                       | <del>                                     </del>  | 1   |                                    | <del></del> |             |                  |  |
| 22   | 46  | Red shale            |                         |                                       |                                       | <del>                                     </del>  | <del> </del>  |                                    | <del></del> |             |                  |  |
|  |   | - 104 011410         | <del></del>             |                                       | <del></del>                           | <del>†</del>  |   |                                    | <del></del> |             |                  |  |
|  |   |                      |                         |                                       |                                       |   | Notes:  |                                    |             |             |                  |  |
|  |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
|  |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged   |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| under my jurisdiction and was completed on (mo-day-year) .7/19/2016 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo-day-year) .7/25/2016 |   |                      |                         |                                       |                                       |   |   |                                    |             |             |                  |  |
| under the h  | usiness nan   | ne of Rosen          | crantz-Be               | mis Ent.                              | . illis wa                            | en well Ke  | ignature (  | mo-da                              | y-year)     | .((40/4     | .w               |  |
| under the business name of Rosengrantz-Bemis Ent.  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 S  | St., Suite 420, To   | peka, Kansas            | 66612-1367.                           | Mail one to V                         | Water Well Ow   | mer and retain o  | one for your records. T            | lephone 7   | 85-296-     | 5524.            |  |
| Visit us at http   | p://www.kdhek   | s.gov/waterwell/     | index.html              |                                       |                                       | KSA 82a-12  | 212   |                                    | R           | evised      | 7/10/2015        |  |

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