Slate WATER WELL RECORD Form WWC-5 Division of Water Original Record Correction Change in Well Use Resources App. No. Section Number Range Number 1 LOCATION OF SPATER WELL: // Fraction **Township Number** County: Sodg Circk ND4524NW4584 T 88 S R I □E **(X**W 2 WELL OWNER: Last Name Vallenn First: Daniel Street or Rural Address where well is located (if unknown, distance and Address: 10911W Hollywood St direction from nearest town or intersection): If at owner's address, check here: ita State: K ZIP: 67215 Address: City: 5 Latitude 37. 626 52194 (decimal degrees)
Longitude 97.46784308 (decimal degrees) 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: ... WITH "X" IN Depth(s) Groundwater Encountered: 1) ....2.4..... ft. SECTION BOX: 2) ...... ft. 3) ..... ft., or 4) □ Dry Well Datum: WGS 84 XNAD 83 NAD 27 Source for Latitude/Longitude: below land surface, measured on (mo-day-yr)..... GPS (unit make/model: .....) above land surface, measured on (mo-day-yr) 3:.12:.15 (WAAS enabled? ☐ Yes ☐ No) --NE--- NW - -Pump test data: Well water was ...... ft. ☐ Land Survey ☐ Topographic Map after...... hours pumping ...... gpm Online Mapper: Well water was ..... ft. .**Ӽ**Е.. -- SW -6 Elevation: ......ft. Ground Level TOC S Other ..... -1 mile-..... in. to ...... ft. 7 WELL WATER TO BE USED AS: 5. Public Water Supply: well ID ..... 10. Oil Field Water Supply: lease ..... 1. Domestic: 11. Test Hole: well ID ..... ☐ Household 6. Dewatering: how many wells? ..... 7. Aquifer Recharge: well ID ..... ☐ Cased ☐ Uncased ☐ Geotechnical Lawn & Garden 12. Geothermal: how many bores? ..... ☐ Livestock 8. Monitoring: well ID ..... 2. 🏻 Irrigation 9. Environmental Remediation: well ID ..... a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water 3. Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction 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 TYPE OF SCREEN OR PERFORATION MATERIAL: Steel ☐ Stainless Steel **№** PVC ☐ Fiberglass 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 ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) ...... SCREEN-PERFORATED INTERVALS: From 30 ft. to 50 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 4 ft. to 50 ft., From ft. to ft., From ft. to ft. 9 GROUT MATERIAL: Neat cement Cement grout Sentonite Other ft., From ...... ft. to ...... ft., From ..... ft. to ..... ft. ☐ Septic Tank □ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage Sewer Lines Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Oil Well/Gas Well Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage Other (Specify) ...... Direction from well? ..... Distance from well? LITHO. LOG (cont.) or PLUGGING INTERVALS 10 FROM FROM TO TO Notes: 

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.