| County:   | Kingman              | _ Fraction:   | NW, NW, NE,        | NW       | Sec.    | 4        | _ т       | 28                                      | _s i   | R     | 10       | W           |
|---|----------------------|---------------|--------------------|----------|---------|----------|-----------|---|--------|-------|----------|-------------|
| CORRECT   | ION(S) to WATER WEI  |               |                    |          |         |          |           |   |        | corre | ct infor | nation)     |
| Owner: Gr   |                      |               |                    |          |         |          |           |   |        |       |          | well        |
| If location corrected, was listed as: Location changed to:                                |                      |               |                    |          |         |          |           |   |        |       |          |             |
| Section-Town  | nship-Range:         |               |                    |          |         |          |           |   |        |       |          |             |
|   | alls):               |               |                    |          |         |          |           | , - · · · · · · · · · · · · · · · · · · |        |       |          | <del></del> |
| Other changes: Initial statements: Nearest source of possible contamination not reported. |                      |               |                    |          |         |          |           |   |        |       |          |             |
|   |                      |               |                    |          |         |          |           |   |        |       |          |             |
| Changed to:   | Aboveground stor     | age tanks     | located 255 fe     | et sou   | uthwe   | st of t  | the we    | II.                                     |        |       |          |             |
|   |                      |               |                    |          |         |          |           |   |        |       |          |             |
| Comments:   | Obtained information | on from wa    | ter well contra    | ctor.    |         |          |           |   |        |       |          |             |
|   |                      |               |                    |          |         |          |           |   |        |       |          |             |
| Verification  | method: Confirmed    | using Goo     | gle Earth Pro.     |          |         |          |           |   |        | <br>  |          |             |
|   |                      |               |                    |          |         |          |           |   |        |       |          |             |
|   |                      |               |                    |          | 1.2.    | Initials | s: PK0    |   | Date:  | 5/23  | 3/2022   | 2           |
| Submitted by  | : Kansas Geological  | •             | •                  |          |         |          |           |   |        |       |          |             |
|   | Kansas Dept. of He   | alth & Enviro | nment, Bureau of V | Vater, 1 | 1000 SW | Jacks    | on, Suite | e 420, 7                                | ropeka | a, KS | 66612-   | 1367        |
|   |                      |               |                    |          |         |          |           |   |        |       | (rev 01  | /26/2018)   |

| WATER WELL RECORD Form WWC-5 Division of Water   |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
|--|---|---|-------------------------------|-------------------------|---|--|---------------|---|-----------------------|---|--|-----------------|--|--|
| Original Rec   |   |   |                               | ge in Well Use          | Resources App. No.                      |  |               |   |                       |   | ell ID   |                 |  |  |
| 1 LOCATION   | Fraction  |   | Section Number Township Numbe |                         |   |  |               |   | ige Number            |   |  |                 |  |  |
| County: W  | HW% HW%   | NE 1  | 24 NW4 4 T 28 S               |                         |   |  |               |   | DE SPAW               |   |  |                 |  |  |
| 2 WELL OW  | NER Last N  | lame: Beo                                     | 4                             | First: Greg             |   | Street or R  | ural Addres   | s whe   | ere well is located   | (if w                                   | nknown   | , distance and  |  |  |
| Business:  |   |   |                               | O                       |   | direction from nearest town or intersection): If at owner's address, check here: I From 500 170 hove + Elst Street in Cunningham |               |   |                       |   |  |                 |  |  |
| Address: 895   |   | From Sw 170 th Ave + Eld Street in cunningham |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| Address:   |   |   | States: 1/                    | _                       | AT East Gory Loop & Good                |  |               |   |                       |   |  |                 |  |  |
| 3 LOCATE WELLO A DEPOTE OF COMMY FOR YEAR YEAR OF STANDARD STANDAR |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| 4 DEPIR OF COMPLETED WELL:   |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| SECTION ROX: Depth(s) Groundwater Encountered: 1)  |   |   |                               |                         |   |  |               |   | 3                     |   | (decimal degrees)  |                 |  |  |
| N  | 2)  |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| WELL'S STATIC WATER LEVEL:3)ft.   Source for Latitude/Longitude:   |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| 11' ' '  | 1 1 -   |   |                               | measured on (mo-day-yr) |   |  |               |   |                       |   |  | )               |  |  |
| NWN  |   |   |                               | vater was               |   |  | ( — ,         |   |                       |   |  |                 |  |  |
| $ \mathbf{w} $   | -   | after   | hour                          | valci was<br>s niimning | •••••                                   | anm  |               | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: . Coogle. Extra 1.10 |                       |   |  |                 |  |  |
| 171 1 1  | 1 1   | union   |                               |                         | umping gpm Online Mapper: .Cat          |  |               |   |                       |   | Street Control of the |                 |  |  |
| SW   SE   after hours numping com  |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
|  | B   | stimated Y                                    | ield:\ <i>Ω</i> .             | Ogpm                    |   |  |               | ı:f   |                       |   |  |                 |  |  |
| s  | В   | ore Hole D                                    | iameter:                      | 10.578. in. to          |   | ft. and  | Sou           |   | Land Survey           |   |  |                 |  |  |
| 1 mile   |   |   |                               | in. to                  |   | ft.  |               |   | Other                 | •••••                                   | •••••  |                 |  |  |
| 7 WELL WAT   | TER TO BE   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| 1. Domestic:   |   | 5. 🔲  | Public Wa                     | ater Supply: wel        | 1 ID                                    |  | . 10. 🗆 (     |   | eld Water Supply: 1   |   |  |                 |  |  |
| Household  | _   |   |                               | ig: how many w          |   |  |               |   | : well ID             |   |  |                 |  |  |
| ☐ Lawn & Gai   | rden  |   |                               | echarge: well II        |   |  |               |   | ☐ Uncased ☐           |   |  |                 |  |  |
| Livestock  |   |   |                               | g: well ID              |   |  |               |   | al: how many bore     |   |  |                 |  |  |
| 2. Irrigation  |   |   |                               | al Remediation:         |   |  |               |   | Loop Horizon          |   |  |                 |  |  |
| 3. Feedlot   |   |   | Air Sparg                     |                         |   | Extraction   |               |   | Loop Surface D        |   |  |                 |  |  |
|  | 4. Industrial Recovery Injection 13. Other (specify): |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| Was a chemical   |   |   |                               | nitted to KDH           | E? 🗆                                    | Yes XXV  | If yes, da    | ate sar   | mple was submitte     | ed:                                     | •••••  | ******          |  |  |
| Water well disinfected? See No  8 TYPE OF CASING USED: Steel PVC Other   |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
|  |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| Casing diameter.   | ?i  | n. to   | ft.,                          | Diameter                | • | in. to   | ft., Dia      | ameter  | ·in. to .             | •••••                                   | IL   |                 |  |  |
|  |   |   |                               |                         | •••••                                   | lbs./ft  | . Wall thi    | ckness  | s or gauge No         | • | ••••••   |                 |  |  |
| TYPE OF SCRE   |   |   |                               |                         | ŶVC                                     |  |               | M (   | O:63                  |   |  |                 |  |  |
| ☐ Steel☐ Brass   | ☐ Stainless ☐ Galvaniz                                |   | ☐ Fiber☐ Conc                 |                         |   | sed (open ho   |               | uner (  | Specify)              | • • • • • •                             |  | •••••           |  |  |
| SCREEN OR PI   |   |   |                               |                         | иопе (                                  | ised (open no  | ole)          |   |                       |   |  |                 |  |  |
| ☐ Continuous   |   | Mill Slot                                     |                               | auze Wrapped            | Пτ                                      | arch Cut 🗖   | Drilled Hole  |   | Other (Specify)       |   |  |                 |  |  |
| ☐ Louvered S   |   |   |                               | ire Wrapped             |   |  | None (Open    |   |                       |   |  |                 |  |  |
| _  |   |   |                               |                         |   |  |               |   | ft., From             |   | fL to  | ft.             |  |  |
|  |   |   |                               |                         |   |  |               |   | ft., From             |   |  |                 |  |  |
|  |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| Grout Intervals:   | From 21   | ft to   |                               | f From                  | tt.m.                                   | ft to  | f Fmr         | n   | ft. to                |   | . ft.  |                 |  |  |
| Nearest source of  | f possible co   | ntaminatio                                    | <br>m:                        | ··, 1 101H ······       | ••••••                                  |  | 10., 1 101    |   | 111 10                | •••••                                   |  |                 |  |  |
| ☐ Septic Tank  |   |   | ateral Line                   | s 🗆 Pit I               | Privv                                   | Г  | Livestock I   | Pens  | ☐ Insecti             | cide §                                  | Storage  | ,               |  |  |
| ☐ Sewer Lines  |   |   | ess Pool                      | ☐ Sew                   |   | _  | Fuel Storag   |   | ☐ Aband               |   |  |                 |  |  |
| ☐ Watertight S   |   | □s  | eepage Pit                    | ☐ Feed                  | dyard                                   | <u> </u>   | Fertilizer S  |   |                       |   |  |                 |  |  |
| Other (Speci   | Other (Specify)                                       |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| Direction from we  | ell?  |   |                               | Distance                | from w                                  | ell?   |               |   | fl                    | -                                       |  |                 |  |  |
| 10 FROM  | ro  | L   | ITHOLO                        | GIC LOG                 |   | FROM   | TO            | LIT   | HO. LOG (cont.) o     | r PLU                                   | <u>JGGIN</u>   | G INTERVALS     |  |  |
|  | 5   | phono   | TOP S                         | Lic.                    |   |  |               |   |                       |   |  |                 |  |  |
| 3 8  |   | white   | ciair                         |                         |   |  |               |   |                       |   |  |                 |  |  |
| 8 18   | 3 -   | lancia  |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| 18 6   |   | ine To  |                               | nd                      |   |  |               |   |                       |   |  |                 |  |  |
| 68 9   |   | corse   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
|  |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
|  |   |   |                               |                         |   | Notes:   |               |   |                       |   |  |                 |  |  |
|  |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
|  |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)  |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
| under my jurisdi   | iction and w  | as comple                                     | eted on (n                    | no-day-year)            | ?/35/                                   | 22 an  | d this record | i is tru  | ue to the best of m   | ıy ka                                   | dwled  | ge, and belief. |  |  |
| Kansas Water W   | Vell Contrac  | tor's Lice                                    | nșe No                        | <b>Ψ</b> Τ              | his W                                   | ater Well R  | ecord was co  | omple   | ted on (mo-day-y      | ( <b>9</b>                              | المخلوجة   | #1.#.K          |  |  |
| under the busine   | ess name of   | نناهتن  | ت جنت                         | cover men               | ·                                       |  | Signature     |   | May Ill               | KL                                      | <u></u>  |                 |  |  |
| Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Egylectment, Borney 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.   |   |   |                               |                         |   |  |               |   |                       |   |  |                 |  |  |
|  |   |   |                               |                         |   |  |               | one fo  | r your records. Telep |   |  |                 |  |  |
| Visit us at http://ww  | w.kdhcks.gov/   | waterwell/ir                                  | dex.html                      |                         |   | KSA 82a-1  | 212           |   |                       | K                                       | evised   | 7/10/2015       |  |  |