State Well 2\_ WATER WELL RECORD Form WWC-5 Division of Water Original Record Correction Change in Well Use Well ID Resources App. No. Section Number Township Number Range Number 1 LOCATION OFWATER WELL: NE45545W4NG4 R / DEDW T JOS County: immesi Street or Rural Address where well is located (if unknown, distance and WELL OWNE Business: direction from nearest town or intersection): If at owner's address, check here: Address: Address: ~ ZIP: 67025 City: 4 DEPTH OF COMPLETED WELL: 90 ft. LOCATE WELL 5 Latitude: 37. 412694. (decimal degrees) WITH "X" IN Longitude: 9.7. 4.6.41.4. (decimal degrees) Depth(s) Groundwater Encountered: 1) ..... ft. **SECTION BOX:** 2) ...... ft. 3) ..... ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: .... ft. Datum: WGS 84 NAD 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)..... (WAAS enabled? ☐ Yes ☐ No) - NW - -- - NE - -Pump test data: Well water was ........... ft. ☐ Land Survey ☐ Topographic Map after..... hours pumping ...... gpm E Online Mapper: ..... Well water was ..... ft. --SE--- - SW -6 Elevation: .....ft. Ground Level TOC 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 8. Monitoring: well ID ..... 12. Geothermal: how many bores? ..... ☐ Livestock 9. Environmental Remediation: well ID ..... 2. Irrigation ☐ Soil Vapor Extraction b) Open Loop Surface Discharge Inj. of Water 3. Feedlot ☐ Air Sparge ☐ Recovery 13. Other (specify): ..... ■ Injection 4. Industrial Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes 🔀 No If yes, date sample was submitted: Water well disinfected? **Y**Yes □ No 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in to ft., Diameter in to ft., Diameter in to Weight District Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: PVC ☐ Steel ☐ Stainless Steel ☐ Fiberglass Other (Specify) ☐ None used (open hole) ☐ Galvanized Steel ☐ Concrete tile SCREEN OR PERFORATION OPENINGS ARE: Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) ...... ☐ Continuous Slot 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 90 ft. to 90 ft., From ft. to ft., From ft. to ft. Nearest source of possible contamination: ★ Lateral Lines ☐ Livestock Pens ☐ Pit Privy ☐ Insecticide Storage ☐ Septic Tank ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Sewer Lines ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) ..... Direction from well? Distance from well? LITHO. LOG (cont.) or PLUGGING INTERVALS , LITHOLÒGIC LOG FROM 10 FROM TO 14 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) 296-3365. KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html Revised 9/10/2012