| WATER WELL RE  | Form WWC-5 Correction Change in Well Use  |                           | Division of Water<br>Resources App. No. |                                  |                        | Well ID                 |  |
|--|---|---------------------------|---|----------------------------------|------------------------|-------------------------|--|
| 1 LOCATION OF WA   |   | Fraction .                |   | ion Number                       | Township Numb          |                         |  |
| County: Say  | BLY   | 1/SW/NE/                  | SEA SECTI                               | 3                                | T 30S                  | R /4 DE W               |  |
| Ctroot on David Address where well is located (if all the state of the |   |                           |   |                                  |                        |                         |  |
| Business: Darber Co, RWD # 3 Address: Address: 14873, NW River Rd  Address: Address: 14873, NW River Rd  Address: Address: 14873, NW River Rd  TN, Lake City, K5   |   |                           |   |                                  |                        |                         |  |
| Address: 14813 Alil River Rd -1 1/1 V C Lu KS  |   |                           |   |                                  |                        |                         |  |
|  |   |                           |   |                                  |                        |                         |  |
|  |   |                           |   |                                  |                        |                         |  |
| WITH "Y" IN  | 4 DEPTH OF COMPLETED WELL: 10.8 ft. 5 Latitude:                                       |                           |   |                                  |                        |                         |  |
| SECTION BOX:   | Depth(s) Groundwater Encountered: 1)ft. Longitude:                                    |                           |   |                                  |                        | (decimal degrees)       |  |
| N  | 2)  |                           |   |                                  |                        |                         |  |
|  |   | ce, measured on (mo-day-y |   |                                  |                        | ;                       |  |
| NW NE  | above land surface, measured on (mo-day-yr)   |                           |   | (WAAS enabled? ☐ Yes ☐ No)       |                        |                         |  |
|  | Pump test data: Well water was ft.  |                           |   | ☐ Land Survey ☐ Topographic Map  |                        |                         |  |
| W  |   | urs pumping               | ie Mapper:                              |                                  |                        |                         |  |
| SW SE  | Well water was ft. after hours pumping gpm  |                           |   |                                  |                        |                         |  |
|  | Estimated Yield: .50 ppm  |                           |   | 6 Elevation:ft. Ground Level TOC |                        |                         |  |
| S  | Bore Hole Diameter: in. to  |                           |   |                                  |                        |                         |  |
| mile  in, to   |   |                           |   |                                  |                        |                         |  |
| 7 WELL WATER TO BE USED AS:  |   |                           |   |                                  |                        |                         |  |
| 1. Domestic:   |   | Water Supply: well ID     |   | 10. ☐ Oil Fi                     | eld Water Supply: le   | ease                    |  |
| ☐ Household ☐ Lawn & Garden  | = • • • • • • • • • • • • • • • • • • •   |                           |   |                                  | 11. Test Hole: well ID |                         |  |
| Livestock  | 8. Monitoring: well ID  |                           |   |                                  |                        |                         |  |
| 2. Irrigation  | 9. Environmental Remediation: well ID   |                           |   |                                  |                        |                         |  |
| 3. ☐ Feedlot   | ☐ Air Spa   |                           | xtraction                               |                                  |                        | scharge  Inj. of Water  |  |
| 4. Industrial Recovery Injection 13. Other (specify):  |   |                           |   |                                  |                        |                         |  |
| Was a chemical/bacteriological sample submitted to KDHE? Yes \( \subseteq \text{No} \) If yes, date sample was submitted: \( \frac{9-19-17}{2} \)  |   |                           |   |                                  |                        |                         |  |
|  |   |                           |   |                                  |                        |                         |  |
| 8 TYPE OF CASING USED: ☐ Steel BPVC ☐ Other  |   |                           |   |                                  |                        |                         |  |
| Water well disinfected? A Yes □ No SCYLULI IVO GIAL  8 TYPE OF CASING USED: □ Steel PPVC □ Other   |   |                           |   |                                  |                        |                         |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 200# Perf  |   |                           |   |                                  |                        |                         |  |
| ☐ 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   |   |                           |   |                                  |                        |                         |  |
| GRAVEL PACK INTERVALS: From 24 ft. to 47 ft., From 5.2 ft. to 12. ft., From 80 ft. to 108 ft.  |   |                           |   |                                  |                        |                         |  |
| 9 CROUT MATERIAL: Neat cement Cement orout M Rentonite Other   |   |                           |   |                                  |                        |                         |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other  Grout Intervals: From ft. to 2.7 ft., From 5.2 ft. to 52 ft., From 7.2 ft. to 80 ft.   |   |                           |   |                                  |                        |                         |  |
| Nearest source of possible contamination:  |   |                           |   |                                  |                        |                         |  |
| ☐ Septic Tank  | ☐ Lateral L   |                           |   | ivestock Pens                    |                        | cide 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?   | NE  | Distance from we          | <br>11?                                 | 400                              | ft.                    |                         |  |
| 10 FROM TO   |   | OGIC LOG                  | FROM                                    |                                  |                        | PLUGGING INTERVALS      |  |
| 0 2  | TOD 5011  |                           |   |                                  |                        |                         |  |
| 2 9  | White Cliv  |                           |   |                                  |                        |                         |  |
| 9 14   | Clay W/   | Sand                      | ļ                                       |                                  |                        |                         |  |
| 14 3 43  | 'Same   | 2 gravel                  |   |                                  |                        |                         |  |
| 43 52  | White and   | Brown Clay                |   |                                  |                        |                         |  |
| 52 77<br>17 86   | Sand and  | gravel.                   | Notes                                   |                                  |                        |                         |  |
| 77 86 Sand Some Med. Gravel Notes:<br>86 108 Clean Sand w/ Pebble 5  |   |                           |   |                                  |                        |                         |  |
|  |   |                           |   |                                  |                        |                         |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year)   |   |                           |   |                                  |                        |                         |  |
| under my jurisdiction and  | l was completed on  | (mo-day-year)             | .1.7 and th                             | his record is tr                 | ue to the best of m    | y knowledge and belief. |  |
| Kansas Water Well Contr  | ractor's License No   |                           | ter Well Reco                           | ord was compl                    | exect on (mo-day-y     | ear) M                  |  |
| under the business name  | of of   | 45LAC                     | Sig                                     | nature                           | LAME PLAN              | Mar                     |  |
| 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. Delephone 785-296-5524.  |   |                           |   |                                  |                        |                         |  |
|  | Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015 |                           |   |                                  |                        |                         |  |