| WATER WELL RECORD   | Form WWC-5                          | Division of Water Resources App. No.  |
|---|-------------------------------------|---|
| 1 LOCATION OF WATER WELL:<br>County: Meade  |                                     | Section Number Township No. Range Number T 30 S R 29 DE   |
| Street/Rural Address of Well Location   | n; if unknown, distance & direction | Global Positioning System (GPS) information:  |
| from nearest town or intersection: If   | at owner's address, check here      |   |
| •   |                                     | Longitude: (in decimal degree   |
|   |                                     | Elevation:  |
| 2 WATER WELL OWNER:   | irk Jante                           | Collection Method:  |
|   | 137 8 Rd.                           | GPS unit (Make/Model:   |
|   | ontezumaiks. 6786>                  | Digital Map/Photo, Topographic Map, Land Surve  |
|   | orrect 12. 67867                    | Est, Accuracy:  |
| 3 LOCATE WELL 4 DEPTH O   | F COMPLETED WELL                    | 495 ft  |
| SECTION BOX: Depth(s) Gro   | undwater Encountered (1)            | $\lim_{n\to\infty} \operatorname{ft} \qquad (2)_{n,1,1,2,\dots,n} \operatorname{ft} \qquad (3)_{n,1,\dots,n} \operatorname{ft}$ |
| N WEIL'S ST   | ATIC WATER LEVEL                    | . ft. below land surface measured on mo/day/yr  |
| Pu  | mp test data: Well water was        | ft. after hours pumping gp  |
|   |                                     | ft. after hours pumping gp  |
| w   E Bore Hole D   | lameter 1.18. in. to 4.95           | ft., andin. toft.   |
|   | ER TO BE USED AS: Public            | water supply Geothermal Injection well  |
|   |                                     | water supply Dewatering Other (Specify below  |
| Irrigation Industrial Domestic-lawn & garden Monitoring well  |                                     |   |
| Was a chemical/bacteriological sample submitted to Department? Yes X No  If yes mo/day/yr sample was submitted  |                                     |   |
| S If yes, mo/day/yr sample was submitted  |                                     |   |
| Water well d  |                                     |   |
| 5 TYPE OF CASING USED: S  |                                     |   |
| CASING JOINTS: X Glued Clamped Welded Threaded  |                                     |   |
| Casing diameter   |                                     |   |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |                                     |   |
| Steel Stainless Steel PVC Other (Specify)   |                                     |   |
| ☐ Brass ☐ Galvanized Steel  | None used (open hole)               |   |
| SCREEN OR PERFORATION OPENINGS ARE:   |                                     |   |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)  |                                     |   |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to  |                                     |   |
| From ft. to ft. From ft. to   |                                     |   |
| GRAVEL PACK INTERVALS: From 24 ft. to 495 ft., From ft. to  |                                     |   |
|   | From ft. to                         | ft., From ft. to  |
| From  |                                     |   |
| Grout Intervals: From   |                                     |   |
| What is the nearest source of possible c  |                                     |   |
| Septic tank  Lateral lines Pit privy Livestock pens Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well  |                                     |   |
| Watertight sewer lines. • Seepage pit Feedyard Fertilizer storage Oil well/gas well   |                                     |   |
| Direction from well   | Distai                              | nce from well   |
|   | OGIC LOG FROM                       | TO LITHO. LOG (cont.) or PLUGGING INTERVA   |
| 0 50 Tanclay & C  | Caliche 40                          | O 415 Tan Sandy Clay & Med Sound  |
| 50 80 Red Sandy C   | lay 415                             | 0 415 Tan Sandy clay & Med. Sand  |
| 80 240 med. Sand  |                                     |   |
|   | Ablue By layers                     |   |
| 380 340 med Sand  |                                     |   |
|   | se Sand                             |   |
| 360 365 Blue clay   |                                     |   |
| 365 386 Course sa   | nd                                  |   |
| 386 372 Tan Clay  |                                     |   |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged   |                                     |   |
| under my jurisdiction and was completed on (mo/day/year) 6/24//3. and this record is true to the best of my knowledge and belief  |                                     |   |
| Kansas Water Well Contractor's License No   |                                     |   |
| under the business name of Jan tesus Water Well by (signature)  |                                     |   |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and sheek the correct answers. Send three co                                       |                                     |   |
| (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1                                    |                                     |   |
| Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit u http://www.kdheks.gov/waterwell/index.html. |                                     |   |
| KSA 82a-1212  |                                     |   |
| ₹*  |                                     |   |