| WATER WELL RECORD  |   | Form WWC-5      |  | Di   | Division of Water Resources App. No. |                          |                               |  |
|--|---|-----------------|--|--|--------------------------------------|--------------------------|-------------------------------|--|
| 1 LOCATION F WATER WELL:   |   | Fraction        | ~  | 1  |                                      | Township No.             |                               |  |
| County: Darber   |   | SENE S          | 1/4  |  | 3                                    |                          | $R / 2 \square E \cancel{M}W$ |  |
| Street/Rural Address of  |   |                 |  |  | System (GPS) in                      |                          |                               |  |
| from nearest town or intersection: If at owner's address, check here  1 1/2 West Medicine Lodge, 1   |   |                 |  | Latitude: (in decimal degrees) Longitude: (in decimal degrees)     |                                      |                          |                               |  |
| 2 WATER WELL OWNER: Freshwater LLC<br>RR#, Street Address, Box #: P.U Box ZO9  |   |                 |  | Elevation:   |                                      |                          |                               |  |
| RR#, Street Address, F   | DI RAX Z  | 09              | Collection Method:  GPS unit (Make/Model:) |  |                                      |                          |                               |  |
| City, State, ZIP Code  | dictive Lodge KS 6 West Accuracy: [] <3 m, [  |                 |  |  |                                      |                          |                               |  |
| 3 LOCATE WELL  |   |                 |  |  |                                      |                          |                               |  |
| WITH AN "X" IN   | 4 DEPTH OF C  | COMPLETED WĚI   | 1 72                                       | 3  | ft.                                  |                          |                               |  |
| SECTION BOX:   | Depth(s) Groundwater Encountered $(1), \dots, k, l, \dots, l$ $(2), \dots, l$ $(3), \dots, l$ |                 |  |  |                                      |                          |                               |  |
| WELL'S STATIC WATER LEVEL  |   |                 |  |  |                                      |                          |                               |  |
| EST VIELD Well water was   |   |                 |  |  | ft. after hours pumping gpm          |                          |                               |  |
| W NW NE E  | eterin. to  |                 |  |  |                                      |                          |                               |  |
| W  | TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well                            |                 |  |  |                                      |                          |                               |  |
|  |   |                 |  |  | er supply                            |                          |                               |  |
| Industrial Domestic-lawn & garden Monitoring well  |   |                 |  |  |                                      |                          |                               |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No  |   |                 |  |  |                                      |                          |                               |  |
| S If yes, mo/day/yr sample was submitted   |   |                 |  |  |                                      |                          |                               |  |
| •  |   |                 |  |  |                                      |                          |                               |  |
| 5 TYPE OF CASING USED: Steel  PVC Other  |   |                 |  |  |                                      |                          |                               |  |
| Casing diameter ft., Diameter in. to ft., Diameter ft.   |   |                 |  |  |                                      |                          |                               |  |
| Casing height above land surface   |   |                 |  |  |                                      |                          |                               |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |   |                 |  |  |                                      |                          |                               |  |
| Steel Stainless Steel Other (Specify)  |   |                 |  |  |                                      |                          |                               |  |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:  |   |                 |  |  |                                      |                          |                               |  |
| Continuous slot  Mill slot   |   |                 |  |  |                                      |                          |                               |  |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.   |   |                 |  |  |                                      |                          |                               |  |
| SCREEN-PERFORATED INTERVALS: From  |   |                 |  |  |                                      |                          |                               |  |
| From   |   |                 |  |  |                                      |                          |                               |  |
| From   |   |                 |  |  |                                      |                          |                               |  |
| 6 GROUT MATERIAL: A Neat cement Cement grout Bentonite Other   |   |                 |  |  |                                      |                          |                               |  |
| Grout Intervals: From  |   |                 |  |  |                                      |                          |                               |  |
| What is the nearest source of possible contamination:    X Septic tank   |   |                 |  |  |                                      |                          |                               |  |
| Septic tank Sewer lines  | Sewage lagoon   | ☐ Livestock p   |  | Insecticide storage ☐ Other (specify below) ☐ Abandoned water well |                                      |                          |                               |  |
| ☐ Watertight sewer lin   | it Feedyard   |                 | rage Oil well/gas well                     |  |                                      |                          |                               |  |
| Direction from well  |   |                 | Distance                                   |  |                                      | 00                       |                               |  |
| FROM TO  | LITHOLOG  | IC LOG          | FROM                                       | TO   | LITHO. LC                            | OG (cont.) <u>or</u> PLU | GGING INTERVALS               |  |
| 0 2 301  | 11 10.  |                 |  |  |                                      |                          |                               |  |
| 10 21 an   | and Chan  |                 |  |  |                                      |                          |                               |  |
| 21 27 9  | 150 1   |                 |  |  |                                      |                          |                               |  |
| 17 42 Rr   | Shall   |                 |  |  |                                      |                          |                               |  |
|  |   |                 |  |  |                                      |                          |                               |  |
|  |   |                 |  |  |                                      |                          |                               |  |
|  |   |                 |  |  |                                      |                          |                               |  |
|  |   |                 |  |  |                                      |                          |                               |  |
| 7 CONTRACTOR'S OR  | LANDOWNED   | 'S CERTIFICATIO | N. This water                              | er wall re   | rac M consta                         | icted Traconst-          | acted or numeral              |  |
| under my jurisdiction and was completed on (mo/day/year) 2-12 and this record is true to the best of my knowledge and belief   |   |                 |  |  |                                      |                          |                               |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed on reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)   |   |                 |  |  |                                      |                          |                               |  |
| under the business name of   |   |                 |  |  |                                      |                          |                               |  |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct as wers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Typeka, Kansas 66612-1367. |   |                 |  |  |                                      |                          |                               |  |
| Telephone 785-296-5524. Send   |   |                 |  |  |                                      |                          |                               |  |
| http://www.kdheks.gov/waterwell/index.html.  |   |                 |  |  |                                      |                          |                               |  |
| KSA 82a-1212   |   |                 |  |  |                                      |                          |                               |  |