| DOCATION OF WATER WELL   Traction   Section Number   Township Nu   | WATER WELL R  | WWC-5                 | Division of Water                       |                       |                     |  |                       |   |  |
|--|---|-----------------------|---|-----------------------|---------------------|--|-----------------------|---|--|
| County:  |   |                       |   |                       |                     |  | Well ID               | > r 1                                   |  |
| 2 WELL OWNER: Los Name   Boyl / 5   First   Le on and   Business   Miles   Street or Rural Address where well is located (it natures, detained and particular from nearest town or intersection: if at owner's address, check here   Miles   M | _   |                       | 4                                       |                       |                     |  |                       |   |  |
| Addense  | County: MIFCI   | he//                  | 1/4 NE1/4 NW 1/4                        | NEVA                  |                     |  |                       |   |  |
| Addense  | 2 WELL OWNER: L   | ast Name: Bowles      |   |                       |                     |  |                       |   |  |
| Address: City: Count for City State: L6_ZiPi: 677/3C  3 LOCATE WELL WITH "X" IN SECTION ROX: N   | Dusiness.   |                       |   | direction from ne     | earest town or inte | ersection): If at owner  | 's address, che       | eck here:                               |  |
| Succaria Metal   A DETH OF COMPLETED WELL   ATH   A DEPTH OF COMPLETED WELL   A DEPTH OF COMPLETED   | Address:  |                       |   |                       |                     |  |                       |   |  |
| Depth   Dept   |   |                       |   |                       |                     |  |                       |   |  |
| Depth(s) Groundwate Encountered:   1.     1.   |   | (T)                   |   | 28/ 0                 | - T                 |  |                       |   |  |
| 2 f. 3) . f. or 4   Dy Well WCLL'S STATIC WATER LEVEL:   | WITH "X" IN   |                       |   |                       |                     |  |                       |   |  |
| WILL'S STATIC WATER LEVEL   1.   1.  | SECTION BOX:  |                       |   |                       |                     |  |                       |   |  |
| GPS (unit malcemodel:  | N   |                       |   |                       |                     |  |                       |   |  |
| Martin   M   | - TAI(V)  | 1                     |   | /                     |                     |  |                       |   |  |
| Pomp test data: Well water was   fi.   |   | above land surfa      | ce, measured on (mo-day-y               | r) 9-27-15            |                     |  |                       |   |  |
| after  | NW  NE  |                       |   |                       | /                   |  |                       |   |  |
| Well water was   fraction   Secretary      | W E   | _                     |   |                       |                     |  |                       |   |  |
| Selevation:   Grown Level   TOC   Source:   Land Survey   GPS   Topographic Map   Town & Carden   Loudscring: how many wells?   11. Test Hole: well ID   10.   Cased   Uncased   Geotechnical   Loudscring: how many wells?   11. Test Hole: well ID   12. Geothermal: how many bers?   11. Test Hole: well ID   12. Geothermal: how many bers?   11. Test Hole: well ID   12. Geothermal: how many bers?   12. Geothermal: how many bers?   13. Geothermal: how many bers?   14. Geothermal: how many bers?   15. Geothermal: how many bers?    |   |                       |   |                       |                     | io mappor  |                       |   |  |
| Sequence   Land Survey   GPS   Topographic Map   | SW SE   |                       |   | gpm                   | ( )(i)              | 0  |                       | 1 [] #00                                |  |
| Multiple    |   | Estimated Yield:      |   |                       |                     |  |                       |   |  |
| Towerstic   S  |   |                       |   |                       |                     |  |                       |   |  |
| Domestic   Household   6   Dewatering: how many wells?   11. Test Hole: well ID     Cased   Uncased   Geotechnical   Livestock   8   Monitoring: well ID     Cased   Uncased   Geotechnical   Livestock   8   Monitoring: well ID     Cased   Uncased   Geotechnical   Vertical   Geotechnical   Vertical   Vertic   |   |                       | in. to                                  | ft.                   | L                   | J Other  |                       | *************************************** |  |
| Gased   Garden   Gased   Dewatering how many wells?   11. Tes Hels: well   Gased   Uncased   Geotechnical   Livestock   Gased   Uncased   Geotechnical   Cased   Uncased   Geotechnical   Variation   V   |   |                       |   |                       |                     |  |                       |   |  |
| Dawn & Garden  |   |                       |   |                       |                     |  |                       |   |  |
|  | - Carrier   |                       |   |                       |                     |  |                       |   |  |
| Secondary   Servisonmental Remediation: well ID   a) Closed Loop   Horizontal   Vertical   A   Industrial    |   |                       |   |                       |                     |  |                       |   |  |
| Seedlot  |   |                       |   |                       |                     |  |                       |   |  |
| Mas a chemical/bacteriological sample submitted to KDHE?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No  |   |                       |   |                       |                     |  |                       |   |  |
| Was a chemical/bacteriological sample submitted to KDHE?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   STYPE OF CASING USED:   Steel   PVC   Other   CASING JOINTS:   Glued   Clamped   Welded   Threaded Casing diameter   In. to   2%   ft. Diameter   In. to   In. Casing height above land surface   // in. Weight   Ibs/ft. Wall thickness or gauge No. 5208. 2.6   TYPE OF SCREEN OR PERFORATION MATERIAL:   Steel   Stainless Steel   Fiberglass   TVC   Other (Specify)   SCREEN OR PERFORATION OPENINGS ARE:   None used (open hole)   SCREEN OR PERFORATION OPENINGS ARE:   Source of State   Stainless Steel   Stainless Stainless Steel   Stainless Steel   Stainless Steel   Stainless Stainless Steel   Stainless Steel   Stainless Steel   Stainless Stainless Steel   Stainless St      |   |                       |   |                       |                     |  |                       |   |  |
| Water well disinfected?     Yes  | · · · · · · · · · · · · · · · · · · ·   |                       |   |                       |                     |  |                       |   |  |
| Ray Type of Casing USED:   Steel   PVC   Other   Casing JoinTs:   Glued   Clamped   Welded   Threaded Casing diameter   1. to   2. ft.   R.   Diameter   1. to   1. to   R.   Diameter   1. to   Diameter   1. to   R.   Diameter   1. to   Diameter    |   |                       |   |                       |                     |  |                       |   |  |
| Casing diameter in. to 2 ft., Diameter in. to ft. Diameter in. to ft. Casing height above land surface // in. Weight Ibs/ft. Wall thickness or gauge No. SOR. 2 ft TYPE OF SCREEN OR PERFORATION MATERIAL:    Steel  |   |                       | DVC D Other                             | CASIN                 | C IONTS: F          | Clud Clama   | 4 [] Waldad           | Throaded                                |  |
| Casing height above land surface   |   |                       |   |                       |                     |  |                       |   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:    Steel   |   |                       |   |                       |                     |  |                       |   |  |
| Steel   Stainless Steel   Fiberglass   TVC   Other (Specify)   |   |                       |   |                       |                     |  |                       |   |  |
| Brass   Galvanized Steel   Concrete tile   None used (open hole)   SCREEN OR PERFORATION OPENINGS ARE:   Gontinuous Slot   Mill Slot   Gauze Wrapped   Torch Cut   Drilled Holes   Other (Specify)   Continuous Slot   Mill Slot   Gauze Wrapped   Saw Cut   None (Open Hole)   SCREEN-PERFORATED INTERVALS: From   A. ft. to   A. ft. from   ft. to   ft. from   ft. to   ft. GRAVEL PACK INTERVALS: From   A. ft. to   A. ft. from   ft. to   ft. from   ft. ft. from   ft. to   ft. from   ft. to   ft. from   ft. ft. fro   |   |                       |   |                       |                     |  |                       |   |  |
| SCREEN OR PERFORATION OPENINGS ARE:    Continuous Slot   Mill Slot   Gauze Wrapped   Torch Cut   Drilled Holes   Other (Specify)   Saw Cut   None (Open Hole)  |   |                       |   |                       |                     |  |                       |   |  |
| Louvered Shutter   Key Punched   Wire Wrapped   Saw Cut   None (Open Hole)   | SCREEN OR PERFORATION OPENINGS ARE:   |                       |   |                       |                     |  |                       |   |  |
| SCREEN-PERFORATED INTERVALS: From  | ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) |                       |   |                       |                     |  |                       |   |  |
| GRAVEL PACK INTERVALS: From 25 ft. to 20 ft., From ft. to ft., From ft. to ft. From ft. The ft. From ft. From ft. The ft. From ft. Fro | ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped   Saw Cut ☐ None (Open Hole)                |                       |   |                       |                     |  |                       |   |  |
| GROUT MATERIAL:   Neat cement   Cement grout   Bentonite   Other   Grout Intervals: From   20, ft, to   20, ft, From   ft, to   ft, From   ft,  |   |                       |   |                       |                     |  |                       |   |  |
| Grout Intervals: From  |   |                       |   |                       |                     |  |                       |   |  |
| Nearest source of possible contamination:  |   |                       |   |                       |                     |  |                       |   |  |
| Septic Tank  |   |                       |   |                       |                     |  |                       |   |  |
| 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?   ft.    10 FROM TO LITHOLOGIC LOG   FROM TO LITHOLOGIC LOG   FROM TO LITHOLOGIC LOG   Solid   Sol   |   |                       | ·                                       |                       | ' . 1 D             |  | . I . G.              |   |  |
| Watertight Sewer Lines   |   |                       |   |                       |                     |  | _                     | al1                                     |  |
| Other (Specify)   Direction from well?   Distance from well?   ft.   |   | Sewer Lines           |   |                       |                     |  |                       |   |  |
| Distance from well?  |   |                       |   |                       |                     |  |                       |   |  |
| 10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS    O   3   Top 50 i'  |   |                       |   |                       |                     | ft   | _                     |   |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year)   |   |                       |   |                       |                     |  |                       | INTERVALS                               |  |
| 3 20 28 Sand Rock, shale Granite  Notes:  11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)  |   |                       |   |                       |                     | <u> </u>   |                       |   |  |
| Notes:  11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 1.2.2.4   |   |                       | a saal                                  |                       |                     |  |                       |   |  |
| Notes:  11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Water Well Record was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Water Well Record was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Water Well Record was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Water Well Record was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Water Well Record was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Water Well Record was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.   |   | Sand Riche            | shale Granite                           | 28                    |                     |  |                       |   |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year). It is water well was completed on the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year). It was a superfective of the business name of the superfective of the supe |   | , , , , , , , , ,     | , and a second                          |                       |                     |  |                       |   |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year). It is water well was completed on the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year). It was a superfective of the business name of the superfective of the supe |   |                       |   |                       |                     |  |                       |   |  |
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| under my jurisdiction and was completed on (mo-day-year)   |   |                       |   | 1                     |                     |  |                       |   |  |
| under my jurisdiction and was completed on (mo-day-year)   |   |                       |   | 1                     |                     | All the state of t |                       |   |  |
| under my jurisdiction and was completed on (mo-day-year)   | 11 CONTRACTOR'S   | OR LANDOWNE           | R'S CERTIFICATION                       | : This water          | well was 🗖 d        | constructed, $\square$ reco  | onstructed, or        | r plugged                               |  |
| Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of 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, Burcau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.  | under my jurisdiction a   | nd was completed on   | (mo-day-year) . 92.                     | ?:- <i>!\f.</i> and t | his record is to    | rue to the best of m   | iy know <u>le</u> dge | and belief.                             |  |
| Under the business name of   | Kansas Water Well Cor   | ntractor's License No | This Wa                                 | ter Well Reco         | ord was comp        | leted on (mo-day-y   | ear)                  | 5. T. 1. G                              |  |
| 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, Burcau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.  | under the business nam  | e ofK.Mi.n.s.g        | water well                              |                       |                     |  |                       |   |  |
|  |   |                       |   |                       |                     |  |                       |   |  |

KSA 82a-1212

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