LOCATION OF WATER WELL: Fraction Well Section Number Township Number Range Number Commission Section Number Township Number Range Number Range Number Street/Range Address of Well Location; if unknown, distance & direction from nearest town or microschoon; if at owner's address, check here Global Positioning System (GPS) information: Longitude: (in decimal degrees) Short Commission Com	WATEI	R WELL	RECORD	Form WWC-5	Div	ision of W	Vater Reso	ources App. No.				
Street/Rarial Address of Well Location; If unknown, distance & direction from nearest town or intersection. If at owner's address, shock here			WATER WELL:									
from nearest town or intersection. If at owner's address, check here Lafittude:												
South Sout												
Sancth - Seast of Hoxie Elevation: Sancth - Seast of Hoxie Callection Method: Calle							Longitude: (in decimal degrees)					
RR#, St. Address, Box # Box 85 City, State, ZIP Code	3 north—3 east of Hoxie Elevation:											
City, State, ZIP Code	2 WATER WELL OWNER: Henry V & Flossie N Mowry Datum: WGS 84, NAD 83, NAD 27											
Digital Map(Prionc) Topographic Map, Land Survey	RR#, S	RR#, St. Address, Box # : Box 85										
SECURION BOX: SECTION BOX: SEC	City, S	state, ZIP C	ode : Hoxie, l	KS 67740-0085		GPS u	nit (Make/	Model:)		
A DEPTH OF COMPLETED WELL WITH AN ** IN SECTION BOX: N										rvey		
SECTION BOX: Depth(s) Groundwater Encountered (1) Depth(s) Groundwater Encountered (1) Depth(s) Toundwater Encountered (1) Depth(s) Toundwater Encountered (1) Depth(s) Toundwater Encountered (1) Depth(s) Toundwater Was fi. after hours pumping gpm Pump test data: Well water was fi. after hours pumping gpm Well_WATER TO BE USED AS: Public water supply Geothermal Injection well Bomestic Feefold Oil filed water supply Departering Other (Specify below) Irrigation Industrial Domestic-lawn & garden Monitoring well Was a chemical/bacteriological sample submitted to Department? Ves No Type OF SCRESING USED: Steel Well Camped Water Well Distincted? Ves No No Other (Specify below) Vested Casing diameter 4.5 in, to 160 Toundwater Other (Specify below) Other (Specify b												
SPECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft.					•••							
SPECTION BOX: Depth(s) Groundwater Encountered (1) ft. ft. c) ft.	1		4 DEPTH OF COMPLETED WELL 200 ft.									
WELL'S STATIC WATER LEVEL NA	SECT	ION BOX:	Depth(s) Grounds	water Encountered (1)		ft.	(2)	ft. (3)	ft.		
ST YELD gpm: Well water was ft after hours pumping gpm Well water was ft after hours pumping gpm Well water was ft after hours pumping gpm Well water Supply Geothermal Injection well Injection well Geothermal Injection Injection well Geothermal Injection Injec		N WELL'S STATIC WATER LEVEL NA ft. below land surface measured on mo/day/yr										
STYPE OF CASING USED: Steel September Sized September Sized Size		X	Pum	p test data: Well water	was	ft	. after	hours pum	ping	gpm		
WELL WATER TO BE USED AS:	⊢nw	NW NE EST. YIELD gpm: Well water was						ft. after hours pumping gpm				
S	l _w l i	Li	WELL WATER	TO BE USED AS: 🔲 Pu	blic water	ater supply Geothermal Injection well						
Irrigation Industrial Domestic-lawn & garden Monitoring well Water Well Disinfected? Yes No If yes, mo/day/yr sample was submitted to Department? Yes No No If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No No Water Well Water Well Water Well Water Well Water Well Water Well Other (Specify) Wall thickness or gauge No. 248 Type Of SCREEN OR PERFORATION MATERIAL: See Disynfery Other (Specify) Other (Specify) SCREEN OR PERFORATION OPENINGS ARE: Disynfery Other (Specify) Other	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T	□ Domestic □	Feedlot	ater supply	oly						
Was a chemical/bacteriological sample submitted to Department?	l l—sw		☐ Irrigation ☐	Industrial Domestic-l	awn & garo	den 🛚	☐ Monito					
S												
STYPE OF CASING USED: Steel DrV												
STYPE OF CASING USED: Steel	1 mile Water Well Disinfected? Yes \(\pi\) No											
CASING JOINTS: Glued	_											
Casing diameter 4.5 in. to 160 ft., Diameter in. to ft. Casing height above land surface 18 in., Weight 2.38 lbs./ft. Wall thickness or gauge No. 248 TYPE OF SCREEN OR PERFORATION MATERIAL: Steel	CASING JOINTS: SECTION OF CHARLES											
Steel Stainless Steel PVC Other (Specify)	Casing diameter 45 in to 160 ft Diameter in to 160 ft Diameter											
Steel Stainless Steel PVC Other (Specify)	Casing height above land surface 18 in Weight 2.29 lbs /ft Wall thickness or gauge No. 249											
Steel Stainless Steel PVC Other (Specify)	TYPE OF SCREEN OR PERFORATION MATERIAL:											
Brass												
Continuous Slot Mill slot Gauze wrapped Torch cut Other (specify)	☐ Brass ☐ Galvanized Steel ☐ None used (open hole)											
From	SCREEN OR PERFORATION OPENINGS ARE:											
From	☐ Continuous Slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)											
From	☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☒ Saw cut ☐ Other (specify)											
GRAVEL PACK INTERVALS: From 1.t. to 1.t., From 1.t	SCREEN-PERFORATED INTERVALS: From 160 ft. to 200 ft., From ft. to ft.											
Septic tank	an an	From ft. to ft., From ft. to ft.										
Seron	GRAVEL PACK INTERVALS: From 20 ft. to 200 ft., From ft. to								tt.			
Grout Intervals	From tt. to tt., From tt. to tt.											
What is the nearest source of possible contamination: Septic tank												
Septic tank	Grout intervals From U. to 20 it. From It. to It. From It. to It.											
Sewer lines					3 T :41-		□ t4		O4h /	:E. balana		
Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well None								Other (spec	ity below)			
Distance from well FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 0 2 Surface 172 180 Fine to med san dw/clay & caliche lenses 2 13 Loess 180 195 Fine to med sand 13 45 Clay 195 200 Yellow ochre 45 55 Fine to med sand w/clay strks 55 91 Fine sand w/clay & caliche strks 91 96 Fine sand w/caliche strks 96 106 Fine to med sand w/clay & caliche lenses 106 123 Fine to some med sand w/clay & caliche lenses 123 155 Fine to med sand w/clay & caliche lenses 155 172 Fine to some med sand w/clay & caliche lenses 155 172 Fine to some med sand w/clay & caliche lenses 1 TONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, □ reconstructed, □ plugged under my jurisdiction and was completed on (mo/day/year) 8/14/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 This Water Well Record was completed on (mo/day/year) 9/15/09 by (signature) INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Jansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-96-55522. Send one to WATER WELL OWNER and retain									ne			
FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 0 2 Surface 172 180 Fine to med san dw/clay & caliche lenses 2 13 Loess 180 195 Fine to med sand 13 45 Clay 195 200 Yellow ochre 45 55 Fine to med sand w/clay strks 55 91 Fine sand w/clay & caliche strks 91 96 Fine sand w/clay & caliche strks 96 106 Fine to med sand w/clay & caliche lenses 106 123 Fine to some med sand w/clay & caliche strks 123 155 Fine to med sand w/clay & caliche lenses 155 172 Fine to some med sand w/clay & caliche lenses 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Sconstructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 8/14/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 This Water Well Record was completed on (mo/day/year) 9/15/09 under the business name of Woofter Pump & Well Inc. by (signature) INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Ansay Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain												
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13 45 Clay 195 200 Yellow ochre 45 55 Fine to med sand w/clay strks 55 91 Fine sand w/clay & caliche strks 91 96 Fine sand w/clay & caliche lenses 96 106 Fine to med sand w/clay & caliche lenses 106 123 Fine to some med sand w/clay & caliche lenses 123 155 Fine to med sand w/clay & caliche lenses 155 172 Fine to some med sand w/clay strks 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) 8/14/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on (mo/day/year) 9/15/09 under the business name of Woofter Pump & Well Inc. by (signature) INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain						<u> </u>			che lenses			
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Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain	l .			• • • • • • • • • • • • • • • • • • • •								
one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.	INSTRUCT	IONS: Please	fill in blanks and check the	correct answers. Send three cop	pies (white, b	lue, pink) t	o Kansas	Department of Health as	d Environme	nt, Bureau of		
	one for your	records. Inclu	de <u>fee</u> of \$5.00 for each c	e 420, Topeka, Kansas 66612- constructed well. Visit us at ht	tp://www.kd	heks.gov/v	æ90-3322. vaterwell/i	ndex.html.	WELL UWN	sk and retain		