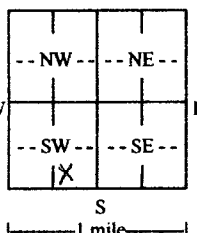


**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.

Well ID

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <b>Mitchell</b>		Fraction ¼ SW ¼ SE ¼ SW ¼		Section Number <b>25</b>		Township Number <b>T 9 S</b>		Range Number <b>R 10</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																		
<b>2 WELL OWNER:</b> Last Name: <b>Crop Production Services</b> Business: <b>1563 X Rd.</b> Address: City: <b>Hunter</b> State: <b>KS</b> ZIP: <b>67452</b>				Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input checked="" type="checkbox"/>																																						
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  S 1 mile		<b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>28</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... <b>20.6</b> ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) ..... <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: <b>8.25</b> in. to <b>28</b> ft. and ..... in. to ..... ft.				<b>5 Latitude:</b> ..... <b>328322.73</b> ..... (decimal degrees) <b>Longitude:</b> ..... <b>1201366.36</b> ..... (decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....																																				
<b>7 WELL WATER TO BE USED AS:</b> 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial 2. <input type="checkbox"/> Public Water Supply: well ID ..... 3. <input type="checkbox"/> Dewatering: how many wells? ..... 4. <input type="checkbox"/> Aquifer Recharge: well ID ..... 5. <input checked="" type="checkbox"/> Monitoring: well ID <b>HUW-1R</b> 6. Environmental Remediation: well ID ..... 7. <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction 8. <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 9. <input type="checkbox"/> Oil Field Water Supply: lease ..... 10. Test Hole: well ID ..... 11. <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....																																										
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: .....																																										
Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																										
<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter ..... <b>2</b> ..... in. to ..... <b>28</b> ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface ..... <b>36</b> ..... in. Weight ..... lbs./ft. Wall thickness or gauge No. <b>Sch 40</b> .....																																										
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)																																										
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)																																										
SCREEN-PERFORATED INTERVALS: From <b>18</b> ..... ft. to <b>28</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From <b>16</b> ..... ft. to <b>28</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																										
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... Grout Intervals: From <b>0</b> ..... ft. to <b>16</b> ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																										
Nearest source of possible contamination: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify) .....																																										
Direction from well? ..... Distance from well? ..... ft.																																										
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<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <b>10/15/15</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>604</b> ..... This Water Well Record was completed on (mo-day-year) <b>12/30/15</b> ..... under the business name of <b>Environmental Priority Service, Inc.</b> ..... Signature <i>[Signature]</i> .....																																										
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. Telephone 785-296-5524. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> <b>KSA 82a-1212</b> <b>Revised 7/10/2015</b>																																										