| WATER WELL R   |   | rm WWC-5                    |                    | vision of Water                                  |   |   |  |
|--|---|-----------------------------|--------------------|--|---|---|--|
|  | Original Record Correction Change in Well Use   |                             | Resources App. No. |  |   | Well ID                                 |  |
|  | County: USBOIN C Fraction  Value No. 100  |                             |                    | ction Number                                     | Township Numb   |   |  |
| County: 19500  | MC  | 74 10 10 74 10 10 7         |                    | ıral Address v                                   |   | (if unknown distance and                |  |
| 2 WELL OWNER: Last Name: Stull First: JoeL 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:  |   |                             |                    |  |   |   |  |
| Business: Address: Ad |   |                             |                    |  |   | 0657 Me noith to                        |  |
| Address: City:   | Homa State:   | KS ZIP: 67651               | 25214              | Than EAST  | Zmiles proces   | to north 42 mill enstiate               |  |
| 3 LOCATE WELL  |   |                             |                    |  |   |   |  |
| WITH "X" IN  |   |                             |                    | ľ  |   | (decimal degrees)                       |  |
| SECTION BOX:   | Depth(s) Groundy  |                             |                    | Longitude:                                       |   |   |  |
| N  | 2) ft. 3) ft., or 4) \( \subseteq WELL'S STATIC WATER LEVEL:  |                             |                    |  | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:                        |   |  |
|  | ☐ below land or   | refore managined on (mo-day | v-ve)              |  |   |   |  |
| NW NE  | NE above land surface, measured on (mo-day-yr   |                             |                    | 2.   _   | (WAAS enabled? ☐ Yes ☐ No)  |   |  |
|  | Pump test data: Well water was  |                             |                    | ∐ La   | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper:  |   |  |
| W X E  | Well water was ft.  |                             |                    |  | iline Mapper:   | *************************************** |  |
| SW SE  | SW   SE   after hours pumping gr  |                             |                    | ( FI.  | •   |   |  |
|  | Estimated Yield: $\partial D$ gpm   |                             |                    |  | 6 Elevation:  |   |  |
| T  | S Bore Hole Diameter:   |                             |                    | Source   | Other   |   |  |
| 1 mile  in. to ft. Uother  |   |                             |                    |  |   |   |  |
| 1. Domestic: 5. Public Water Supply: well ID   |   |                             |                    | 10. □ Oil  | Field Water Supply: 16  | ease                                    |  |
| ☐ Household  | ☐ Household 6. ☐ Dewatering: how many wells?  |                             |                    | 11. Test H                                       | 11. Test Hole: well ID  |   |  |
| Lawn & Garden  |   |                             |                    |  | ☐ Cased ☐ Uncased ☐ Geotechnical  |   |  |
|  | Livestock 8. Monitoring: well ID  |                             |                    |  | 12. Geothermal: how many bores?   |   |  |
| 2. ☐ Irrigation 3. ☐ Feedlot   | 2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Expression ☐ Soil Contract ☐ Soil Contra |                             |                    |  | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water |   |  |
| 4. ☐ Industrial  |   |                             |                    |  | 13. Other (specify):  |   |  |
| Was a chemical/bacteriological sample submitted to KDHE?  Yes  Wo If yes, date sample was submitted:   |   |                             |                    |  |   |   |  |
| Western will disinfersted 0 FTV- II No   |   |                             |                    |  |   |   |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded  |   |                             |                    |  |   |   |  |
| Casing diameter  |   |                             |                    |  |   |   |  |
| Casing height above land surface   |   |                             |                    |  |   |   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:         □ Steel       □ Fiberglass       □ Other (Specify)   |   |                             |                    |  |   |   |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)   |   |                             |                    |  |   |   |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |   |                             |                    |  |   |   |  |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)  |   |                             |                    |  |   |   |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)   |   |                             |                    |  |   |   |  |
| SCREEN-PERFORATED INTERVALS: From  |   |                             |                    |  |   |   |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Dentonite Other   |   |                             |                    |  |   |   |  |
| Grout Intervals: From  |   |                             |                    |  |   |   |  |
| Nearest source of possible contamination:  |   |                             |                    |  |   |   |  |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage   |   |                             |                    |  | _   |   |  |
| ☐ Sewer Lines☐ Watertight Sewer Lines☐   | □ Sewer Lines     □ Cess Pool     □ Sewage Lagoon     □ Fuel Storage     □ Abandoned Water Well       □ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard     □ Fertilizer Storage     □ Oil Well/Gas Well  |                             |                    |  |   |   |  |
| □ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         □ Other (Specify)       □ Other (Specify)   |   |                             |                    |  |   |   |  |
|  |   | Distance from               |                    |  | ft  | ••                                      |  |
| 10 FROM TO   |   | OLOGIC LOG                  | FROM               | TO   | LITHO. LOG (cont.) or   | r PLUGGING INTERVALS                    |  |
| 0 3  | TOPSOIL   |                             |                    | <del> </del>                                     |   |   |  |
| 3 20   | Brownela  | y + Broken Linesky          | 4                  | +  |   |   |  |
| 20 27  | Clay  | 1.1900/ 10/0                |                    | +  |   |   |  |
| 27 44  | KOCK SAN  | y which shall               | <u> </u>           | <del>                                     </del> |   |   |  |
|  |   |                             |                    |  |   |   |  |
|  |   |                             | Notes:             |  |   |   |  |
|  |   |                             |                    |  |   |   |  |
|  |   |                             |                    |  |   |   |  |
| 11 CONTRACTOR'S  | OR LANDOWN  | ER'S CERTIFICATIO           | N: This wat        | er well was <b>Z</b>                             | constructed, received   | onstructed, or plugged                  |  |
| Kansás Water Well Con  | na was completed<br>ntractor's License  | No                          | /ater Well R       | cord was con                                     | s due to the best of m<br>apleted on (mo-dav-v  | earb - 4 - 15                           |  |
| 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). 4.22.15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1.26 This Water Well Record was completed on (mo-day-year). 1.5  |   |                             |                    |  |   |   |  |
| 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, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Toneka, Kansas 66612-1367. Telephone (785) 296-3565.   |   |                             |                    |  |   |   |  |

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