

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

Empty box for application number

1 LOCATION OF WATER WELL: County: RELAY Fraction: SW 1/4 SW 1/4 NW 1/4 Section Number: 10 Township Number: T 10 S Range Number: R 7 EW

Distance and direction from nearest town or city street address of well if located within city? 1420 SHARON BROOK DR. Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39° 11.726 Longitude: 96° 38.051

2 WATER WELL OWNER: KEN BUYLE RR#, St. Address, Box #: 1420 SHARON BROOK DR. City, State, ZIP Code: MANHATTAN, KS. 66503 Elevation: Datum: Data Collection Method:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N E W S

4 DEPTH OF COMPLETED WELL: 2.20 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm Est. Yield..... gpm: Well water was..... ft. after..... hours pumping..... gpm

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) HOAP CASING JOINTS: Glued..... Clamped..... Welded X Threaded.....

Blank casing diameter 3/4 in. to 2.20 ft., Diameter. 60 in. to 2.20 ft., Diameter. Casing height above land surface..... in., Weight..... lbs./ft. Wall thickness or gauge No. SDR 11

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless Steel 4 Galvanized Steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RM (SR) 9 ABS 10 Asbestos-Cement 11 Other (Specify) 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Guazed wrapped 6 Wire wrapped 7 Torch cut 8 Saw Cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

GRAVEL PACK INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From .. 5..... ft. to .. 2.20..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer Storage 13 Insecticide Storage 14 Abandoned water well 15 Oil well/gas well 16 Other (specify below) HOUSE Direction from well? EAST How many feet? 30

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows show depth intervals and lithology: 0-5 SOIL, 5-10 LIMESTONE, 10-43 SHALE, GRAY, 43-48 LIMESTONE, 48-78 SHALE, GRAY TO BROWN TO GRAY, 78-89 LIMESTONE, 89-115 SHALE, GRAY, 115-121 LIMESTONE, 121-175 SHALE, GRAY, 175-182 LIMESTONE. Plugging intervals: 2-245, 2-232, 2-220.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This well was 1 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7/28/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 260. This Water Well Record was completed on (mo/day/year) 8/26/06 under the business name of ASSOCIATION OF ORIGINAL FANL by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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 one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells.