

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Dickinson Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 34 Township Number: T 12 S Range Number: R 3 E

Distance and direction from nearest town or city street address of well if located within city? From Chapman 60 W 1st on old 40 Hwy to Out Rd 63 North to 2600 Av. W. 1/4 Mile

2 WATER WELL OWNER: Jon Hildstrom RR#, St. Address, Box #: 2525 Out Rd. City, State, ZIP Code: Mulvane, KS 67410

3 LOCATE WELL'S LOCATION WITH AN 'X' IN SECTION BOX: [Grid with X in NE] 4 DEPTH OF COMPLETED WELL: 100' Depth(s) Groundwater Encountered: 71' WELL'S STATIC WATER LEVEL: 60'

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

6 GROUT MATERIAL: 1 Neat cement, 2 Cement grout, 3 Bentonite, 4 Other Grout Intervals: From 5 ft. to 25 ft. What is the nearest source of possible contamination: None Close

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Log entries include Top Soil, Brown Clay, Limestone, Greenish Shale, Brown Shale, Limestone, Brown Shale, Greenish Shale, Limestone, Brown Shale.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 8/16/2010 and this record is true to the best of my knowledge and belief

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline & 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.