WATER WELL RECORD   Form WWC-5   KSA 82a-1212

1	LOCATION OF WATER WELL:	Fraction				Section Number	Township Number	Range Number
County: Dickinson	NW ¼	NE ¼	NE ¼	29	T 12 S	R 4 E/W

Distance and direction from nearest town or city street address of well if located within city? From Chapman go 1 mile east on Old 40 to Sage Rd + go ½ mile north ¼ mile west + ¼ north.

2	WATER WELL OWNER: Sean Fink
RR#, St. Address, Box # : 2617 Quail Rd.
City, State, ZIP Code : Chapman, KS, 67431

Board of Agriculture, Division of Water Resources
Application Number:

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

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            N
     |-------|-------|
     |  NW   |   NE  X
     |-------|-------|
  W  |       |       | E
     |  SW   |   SE  |
     |-------|-------|
            S
```
(1 Mile)
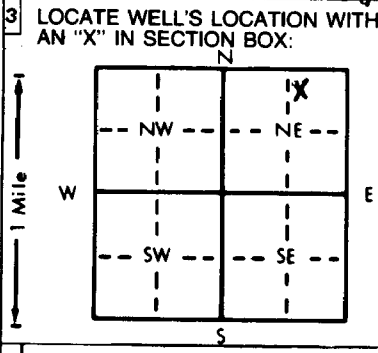
4 DEPTH OF COMPLETED WELL....112.... ft. ELEVATION: ....

Depth(s) Groundwater Encountered 1...53......ft. 2............ft. 3............ft.

WELL'S STATIC WATER LEVEL 53.... ft. below land surface measured on mo/day/yr

Pump test data: Well water was .... ft. after .... hours pumping .... gpm
Est. Yield .....9.... gpm: Well water was .... ft. after .... hours pumping .... gpm
Bore Hole Diameter .....9......in. to ....112........ft., and............in. to ....ft.

WELL WATER TO BE USED AS:
(1) Domestic   3 Feedlot   5 Public water supply   8 Air conditioning   11 Injection well
2 Irrigation   4 Industrial   6 Oil field water supply 9 Dewatering   12 Other (Specify below)
                                 7 Lawn and garden only   10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes............No............; If yes, mo/day/yr sample was submitted
Water Well Disinfected? (Yes)   No

5 TYPE OF BLANK CASING USED:
1 Steel   3 RMP (SR)   5 Wrought iron   8 Concrete tile
(2 PVC)   4 ABS   6 Asbestos-Cement   9 Other (specify below)
                                  7 Fiberglass

CASING JOINTS: (Glued) ..... Clamped ....
Welded ....
Threaded ....

Blank casing diameter .....5....in. to ....92....ft., Dia............in. to ....ft., Dia............in. to ....ft.
Casing height above land surface.........21....in., weight Sch. 40............lbs./ft. Wall thickness or gauge No. ....

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

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot   (3 Mill slot)   5 Gauzed wrapped   8 Saw cut   11 None (open hole)
2 Louvered shutter   4 Key punched   6 Wire wrapped   9 Drilled holes
                                 25,000   7 Torch cut   10 Other (specify) ....
                                 1,000

SCREEN-PERFORATED INTERVALS: From....92....ft. to ...112...ft., From............ft. to............ft.
                               From............ft. to............ft., From............ft. to............ft.

GRAVEL PACK INTERVALS: From.....25....ft. to ...112...ft., 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.....0....ft. to ....25....ft., From............ft. to............ft., From............ft. to............ft.

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

None close

Direction from well?   How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	22	Brown Clay			
22	30	Yellow Shale			
30	36	Limestone			
36	53	Yellow Shale			
53	94	Limestone			
94	112	Gray 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) ...7/22/99.... and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. ....451.... This Water Well Record was completed on (mo/day/yr) 11/6/99
under the business name of Haldeman Well Drilling   by (signature) Craig A. Cupps

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY   T   R   E/W   SEC.   ¼   ¼   ¼