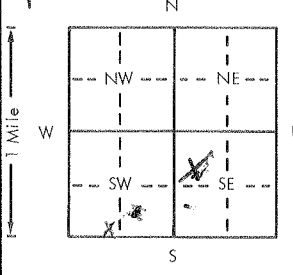


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

| 1. Location of well: County <u>Leary</u>  |            | Fraction <u>SE 1/4 SW 1/4 SW 1/4</u> |  | Section number <u>31</u>   | Township number <u>T 12 S 30th Well</u> | Range number <u>5</u> |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
|---|------------|--------------------------------------|--|--|---|-----------------------|-----------------|----------|----------|-------------------------|----------|----------|---|----------|-----------|------------------|-----------|-----------|--------------------|-----------|-----------|------------------|-----------|-----------|-------------------|-----------|-----------|------------------------------|-----------|-----------|-------------------|-----------|-----------|------------------------|-----------|------------|-------------------|------------|------------|---|--|--|
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <u>3 1/2 West 1 North of 77 + 18 St</u>   |            |                                      |  | 3. Owner of well: <u>David Hildebrand</u><br>R.R. or street: <u>R.R.</u><br>City, state, zip code: <u>Function City, Ks. 66441</u>   |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <input checked="" type="checkbox"/> Locate with "X" in section below: Sketch map:<br>  |            |                                      |  | 6. Bore hole dia. <u>8</u> in. Completion date <u>5-8-79</u><br>Well depth <u>122</u> ft.  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| 5. Type and color of material   |            |                                      |  | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
|   |            |                                      |  | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td><u>soil Top</u></td><td><u>0</u></td><td><u>2</u></td></tr> <tr><td><u>clay Tan + Brown</u></td><td><u>2</u></td><td><u>8</u></td></tr> <tr><td><u>Limestone + shale white + yellow</u></td><td><u>8</u></td><td><u>20</u></td></tr> <tr><td><u>shale Tan</u></td><td><u>20</u></td><td><u>43</u></td></tr> <tr><td><u>shale Brown</u></td><td><u>43</u></td><td><u>78</u></td></tr> <tr><td><u>shale Tan</u></td><td><u>78</u></td><td><u>88</u></td></tr> <tr><td><u>shale Gray</u></td><td><u>88</u></td><td><u>94</u></td></tr> <tr><td><u>Rock limestone yellow</u></td><td><u>94</u></td><td><u>96</u></td></tr> <tr><td><u>shale Gray</u></td><td><u>96</u></td><td><u>99</u></td></tr> <tr><td><u>limestone white</u></td><td><u>99</u></td><td><u>110</u></td></tr> <tr><td><u>shale Gray</u></td><td><u>110</u></td><td><u>122</u></td></tr> </tbody> </table> |            |                                      |  |  | From                                    | To                    | <u>soil Top</u> | <u>0</u> | <u>2</u> | <u>clay Tan + Brown</u> | <u>2</u> | <u>8</u> | <u>Limestone + shale white + yellow</u> | <u>8</u> | <u>20</u> | <u>shale Tan</u> | <u>20</u> | <u>43</u> | <u>shale Brown</u> | <u>43</u> | <u>78</u> | <u>shale Tan</u> | <u>78</u> | <u>88</u> | <u>shale Gray</u> | <u>88</u> | <u>94</u> | <u>Rock limestone yellow</u> | <u>94</u> | <u>96</u> | <u>shale Gray</u> | <u>96</u> | <u>99</u> | <u>limestone white</u> | <u>99</u> | <u>110</u> | <u>shale Gray</u> | <u>110</u> | <u>122</u> | <input checked="" type="checkbox"/> Casing: Material <u>PK</u> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>#200</u> lbs./ft.<br>Dia. <u>5</u> in. to <u>122</u> ft. depth Wall Thickness: inches or<br>Dia. <u>5</u> in. to <u>122</u> ft. depth gage No. <u>203</u> |  |  |
|   |            |                                      |  |  | From                                    | To                    |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>soil Top</u>   | <u>0</u>   | <u>2</u>                             |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>clay Tan + Brown</u>   | <u>2</u>   | <u>8</u>                             |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>Limestone + shale white + yellow</u>   | <u>8</u>   | <u>20</u>                            |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>shale Tan</u>  | <u>20</u>  | <u>43</u>                            |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>shale Brown</u>  | <u>43</u>  | <u>78</u>                            |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>shale Tan</u>  | <u>78</u>  | <u>88</u>                            |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>shale Gray</u>   | <u>88</u>  | <u>94</u>                            |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>Rock limestone yellow</u>  | <u>94</u>  | <u>96</u>                            |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>shale Gray</u>   | <u>96</u>  | <u>99</u>                            |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>limestone white</u>  | <u>99</u>  | <u>110</u>                           |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| <u>shale Gray</u>   | <u>110</u> | <u>122</u>                           |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| 10. Screen: Manufacturer's name <u>Plastic</u><br><u>N-SE approved #200</u><br>Type <u>Plastic</u> Dia. <u>5</u><br>Slot/gauze <u>.060</u> Length <u>20</u><br>Set between <u>97</u> ft. and <u>117</u> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <u>yes</u> Size range of material <u>CMX1</u>  |            |                                      |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
|   |            |                                      |  | 11. Static water level: _____ mo./day/yr.<br><u>90</u> ft. below land surface Date <u>5-8-79</u>   |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.  |            |                                      |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
|   |            |                                      |  | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| 14. Well head completion: <u>Capped</u><br><input type="checkbox"/> Pitless adapter _____ Inches above grade  |            |                                      |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
|   |            |                                      |  | 15. Well grouted? <u>yes</u><br>With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <u>0</u> ft. to <u>20</u> ft.  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| 16. Nearest source of possible contamination: _____ ft. _____ Direction <u>EAST</u> Type <u>Creek</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |            |                                      |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
|   |            |                                      |  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| 18. Elevation:  |            | 19. Remarks:                         |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Blue Valley Drilling 2340</u><br>Business name _____ License No. _____<br>Address <u>Blue Pappas, Ks 66441</u><br>Signed <u>Donald Straker</u> Date <u>5-15-79</u><br>Authorized representative  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley   |            |                                      |  |  |   |                       |                 |          |          |                         |          |          |   |          |           |                  |           |           |                    |           |           |                  |           |           |                   |           |           |                              |           |           |                   |           |           |                        |           |            |                   |            |            |   |  |  |

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5