WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Dickinson	near ¼ center ¼ SW ¼	18	T 13 S	R 1 E/X

Distance and direction from nearest town or city street address of well if located within city?

In city limits - 214 E. 5th, Solomon, KS

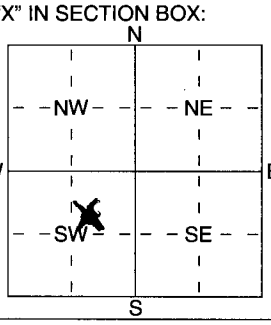
2 WATER WELL OWNER: Randy Paden

RR#, St. Address, Box # : 214 E. 5th

City, State, ZIP Code : Solomon, KS 67480

Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF COMPLETED WELL 45 ft. ELEVATION:

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

WELL'S STATIC WATER LEVEL 14 ft. below land surface measured on mo/day/yr 6/9/03

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield 15 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

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

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ....X.....; If yes, mo/day/yrs sample was submitted

Water Well Disinfected? Yes X No

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

Blank casing diameter 5 in. to 30 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 1.2 in., weight 2.37 lbs./ft. Wall thickness or guage No. .214

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

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

SCREEN-PERFORATED INTERVALS: From 30 ft. to 45 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 20 ft. to 45 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X Bentonite 4 Other .....

Grout Intervals: From 0 ft. to 20 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Direction from well? North How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	30	Clay, gray			
30	45	Sand, medium			
45	47	Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) X constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6/11/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 138 This Water Well Record was completed on (mo/day/yr) 6/20/03 under the business name of Peterson Irrigation, Inc. by (signature) Mike Peterson

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.