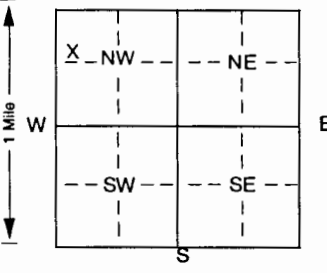


| | | | | | | | |
|------------------------------------|--|----------------------|--|-----------------|--|-----------------------|--|
| 1 LOCATION OF WATER WELL: Fraction | | Section Number | | Township Number | | Range Number | |
| County: Morris | | SW 1/4 NW 1/4 NW 1/4 | | 22 | | T 16 S R 6 <u>E</u> W | |

Distance and direction from nearest town or city street address of well if located within city?
 Approximately 4 1/2 miles west and 3/4 mile north of Wilsey

2 WATER WELL OWNER: City of Wilsey
 RR#, St. Address, Box # : 409 Lyndon
 City, State, ZIP Code : Wilsey, KS 66873
 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 111 ft. ELEVATION: unknown |
| | Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. ft. WELL'S STATIC WATER LEVEL 62 ft. below land surface measured on mo/day/yr 10-26-05 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 16 in. to 66 ft., and 7 7/8 in. to 110 ft. WELL WATER TO BE USED AS: <u>5</u> 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 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____ |

5 TYPE OF BLANK CASING USED:
 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded
 Fiberglass _____ Threaded _____
 Blank casing diameter 10 3/4 in. to 65.58 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 40.48 lbs./ft. Wall thickness or gauge No .365
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 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
 7 Torch cut 10 Other (specify) _____ ft.
 SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Compacted Soil
 Grout Intervals: From 5 ft. to 65 ft., From _____ ft. to _____ ft., From 0 ft. to 5 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 known _____
 Direction from well? _____ How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|-----|--|------|----|--------------------|
| 0 | 4 | Topsoil | | | |
| 4 | 55 | Limestone and shale | | | |
| 55 | 66 | Shale, red and green, very hard streak 65' - 66' | | | |
| 66 | 70 | Shale, red | | | |
| 70 | 110 | Limestone and shale | | | |
| | | | | | |
| | | | | | |
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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) 10-26-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 185 This Water Well Record was completed on (mo/day/yr) 11-23-05 under the business name of Clarke Well & Equipment, Inc. by (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, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.