

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: MARION Fraction SE 1/4 NW 1/4 NE 1/4 Section Number 33 Township No. T 19 S Range Number R 2 E

2 WATER WELL OWNER: SCULLY ESTATES RR#, Street Address, Box #: 600N ELM City, State, ZIP Code: HILLSBORO, KS 67063

3 LOCATE WELL WITH AN "X" IN SECTION BOX: [Diagram showing section box with 'X' in NE quadrant] 4 DEPTH OF COMPLETED WELL: 200 ft. Depth(s) Groundwater Encountered (1) 60 ft. (2) ... ft. (3) ... ft.

5 TYPE OF CASING USED: [X] Other ... HDPE CASING JOINTS: [X] Welded Casing diameter: 3/4 in. to 200 ft. Casing height above land surface: 48 in.

6 GROUT MATERIAL: [X] Bentonite Grout Intervals: From 4 ft. to 200 ft. What is the nearest source of possible contamination: [X] Other (specify below) HOUSE Direction from well: EAST Distance from well: 20

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [X] constructed, [] reconstructed, or [] plugged under my jurisdiction and was completed on (mo/day/year) 10-5-2010 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 and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.