WATER WELL RECORD Form WWC-5 ~~KSA 82a-1212~~ 20

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Marion	Se ¼ Se ¼ Se ¼	18	T ~~19~~ S	R 4 (E) W

Distance and direction from nearest town or city? 3 ~~S.W.~~ South Marion Street address of well if located within city? ~~This Section is 3 mi North of Marion~~

2 WATER WELL OWNER: Roger Monse
RR#, St. Address, Box # : RR1
City, State, ZIP Code : Marion Ks
Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL 90 ft. Bore Hole Diameter 9 in. to 90 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) Live Stock
7 Lawn and garden only 10 Observation well

Well's static water level 65 ft. below land surface measured on 12 month 9 day 80 year

Pump Test Data : Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield 20 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 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 X Clamped ..... Welded ..... Threaded .....

Blank casing dia 5 in. to 60 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 15 in., weight ..... 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) 9 ABS 11 Other (specify) ..... 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) .....

Screen-Perforation Dia 5 in. to 90 ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.
Screen-Perforated Intervals: From 60 ft. to 90 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
Gravel Pack Intervals: From 14 ft. to 90 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

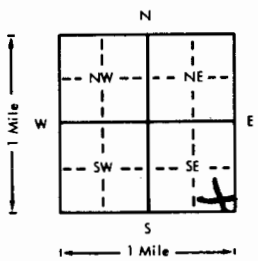
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....
Grouted Intervals: From 4 ft. to 14 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Direction from well SE How many feet 50 + ? Water Well Disinfected? Yes X No .....
Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ..... If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes ..... No X
If Yes: Pump Manufacturer's name ..... Model No. ..... HP ..... Volts .....
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 12 month 9 day 80 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 180
This Water Well Record was completed on 12 month 9 day 80 year under the business name of Backhus Drilling by (signature) Paul Backhus

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



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Top Soil			
3	35	Lime			
35	60	Red Shale			
60	62	Some Water			
62	80	Lime + Gray Rock			
80	82	Water			
82	90	Gray Rock			

Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft. 4 ..... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and

OFFICE USE ONLY T 20 R 4 (E) W SEC. 18 SE ¼ SE ¼ SE ¼