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

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: HARVEY	NW ¼ SE ¼ SW ¼	19	T 23 S	R 1 (E)/W

Distance and direction from nearest town or city? SAME

Street address of well if located within city? 220 FAIRVIEW - NEWTON

2 WATER WELL OWNER: MARIO RODRIGUES
RR#, St. Address, Box # : 220 FAIRVIEW
City, State, ZIP Code : NEWTON, KANSAS 67114

Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL 45 ft. Bore Hole Diameter 11 in. to 45 ft., and ..... in. to ..... ft.

Well Water to be used as: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply (7) Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)

Well's static water level 15' ft. below land surface measured on 4 month 24 day 80 year

Pump Test Data: Well water was 20 ft. after 1 hours pumping 19 gpm
Est. Yield 15/20 gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED: 1 Steel (2) PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

Casing Joints: Glued ..... Clamped ..... Welded X Threaded .....

Blank casing dia 5 in. to 45 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 12 in., weight 2.83 lbs./ft. Wall thickness or gauge No .258

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile (7) PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)

Screen or Perforation Openings Are: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut (8) Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole)

Screen-Perforation Dia 5 in. to 37' ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

Screen-Perforated Intervals: From 17 ft. to 37 ft., .020 Slot ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From 10 ft. to 45 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 0 ft. to 10 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Direction from well South How many feet 25 ? Water Well Disinfected? (Yes) No

Was a chemical/bacteriological sample submitted to Department? Yes (No) : If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes (No)

If Yes: Pump Manufacturer's name ..... Model No. ..... HP ..... Volts .....

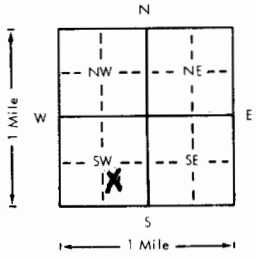
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

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 4 month 24 day 80 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 175

This Water Well Record was completed on 4 month 29 day 80 year under the business name of PAUL'S Inc by (signature) Paul Burkhart

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



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	top soil			
1	10	RD - BR CLAY			
10	15	TAN CLAY			
15	25	RD - BR CLAY W/ SAND SEAMS			
25	36	BR - CLAY " " "			
36	40	GR - SHALE			
40	45	GRY to DRK SHALE			

Depth(s) Groundwater Encountered 1. 16 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 retain one for your records.

OFFICE USE ONLY T 23 R 1 (E)/W SEC. 19 NW¼ SE¼ SW¼