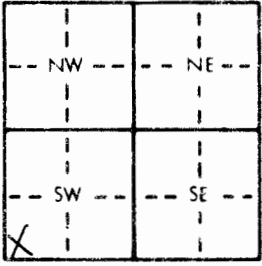


| MW-4 2111059  |      | WATER WELL RECORD   |                | Form WWC-5      | KSA 82a-1212       |
|---|------|---|----------------|-----------------|--------------------|
| 1 LOCATION OF WATER WELL:   |      | Fraction  | Section Number | Township Number | Range Number       |
| County: <u>Harvey</u>   |      | <u>SW 1/4 SW 1/4 SW 1/4</u>   | <u>13</u>      | <u>T 23 S</u>   | <u>R 1 E</u>       |
| Distance and direction from nearest town or city street address of well if located within city?   |      |   |                |                 |                    |
| <u>100 N. Meridian, Newton</u>  |      |   |                |                 |                    |
| 2 WATER WELL OWNER:   |      | Board of Agriculture, Division of Water Resources   |                |                 |                    |
| RR#, St. Address, Box #   |      | Application Number:   |                |                 |                    |
| <u>#6 Cedar Drive</u>   |      |   |                |                 |                    |
| City, State, ZIP Code   |      |   |                |                 |                    |
| <u>Halstead, KS 67056</u>   |      |   |                |                 |                    |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  |      | 4 DEPTH OF COMPLETED WELL   |                |                 |                    |
|   |      | <u>22</u> ft. ELEVATION:  |                |                 |                    |
|   |      | Depth(s) Groundwater Encountered <u>1</u> ft. <u>2</u> ft. <u>3</u> ft.   |                |                 |                    |
|   |      | WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>6-7-94</u>                                    |                |                 |                    |
|   |      | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm  |                |                 |                    |
|   |      | Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm  |                |                 |                    |
|   |      | Bore Hole Diameter <u>8</u> in. to _____ ft. and _____ in. to _____ ft.   |                |                 |                    |
|   |      | 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 7 Lawn and garden only <u>10 Monitoring well</u>  |                |                 |                    |
|   |      | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ |                |                 |                    |
|   |      | Water Well Disinfected? Yes _____ No <u>X</u>   |                |                 |                    |
| 5 TYPE OF BLANK CASING USED:  |      | CASING JOINTS: Glued _____ Clamped _____  |                |                 |                    |
| 1 Steel   |      | 5 Wrought iron  |                |                 |                    |
| 3 RMP (SR)  |      | 8 Concrete tile   |                |                 |                    |
| <u>2 PVC</u>  |      | 6 Asbestos-Cement   |                |                 |                    |
| 4 ABS   |      | 9 Other (specify below)   |                |                 |                    |
|   |      | 7 Fiberglass  |                |                 |                    |
|   |      | Welded _____  |                |                 |                    |
|   |      | <u>Threaded</u> <u>Flush</u>  |                |                 |                    |
| Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.  |      |   |                |                 |                    |
| Casing height above land surface <u>Flush</u> in., weight <u>70.3</u> lbs./ft. Wall thickness or gauge No. <u>154</u>   |      |   |                |                 |                    |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |      | 10 Asbestos-cement  |                |                 |                    |
| 1 Steel   |      | 8 RMP (SR)  |                |                 |                    |
| 3 Stainless steel   |      | 11 Other (specify) _____  |                |                 |                    |
| 2 Brass   |      | 12 None used (open hole)  |                |                 |                    |
| 4 Galvanized steel  |      |   |                |                 |                    |
| 6 Concrete tile   |      |   |                |                 |                    |
| 9 ABS   |      |   |                |                 |                    |
| SCREEN OR PERFORATION OPENINGS ARE  |      | 5 Gauzed wrapped  |                |                 |                    |
| 1 Continuous slot   |      | 8 Saw cut   |                |                 |                    |
| <u>3 Mill slot</u>  |      | 11 None (open hole)   |                |                 |                    |
| 6 Wire wrapped  |      |   |                |                 |                    |
| 2 Louvered shutter  |      | 9 Drilled holes   |                |                 |                    |
| 4 Key punched   |      | 10 Other (specify) _____  |                |                 |                    |
| SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.  |      |   |                |                 |                    |
| GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.  |      |   |                |                 |                    |
| 6 GROUT MATERIAL:   |      | 4 Other _____   |                |                 |                    |
| 1 Neat cement   |      | <u>3 Bentonite</u>  |                |                 |                    |
| 2 Cement grout  |      |   |                |                 |                    |
| Grout intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.  |      |   |                |                 |                    |
| What is the nearest source of possible contamination:   |      | 10 Livestock pens   |                |                 |                    |
| 1 Septic tank   |      | 14 Abandoned water well   |                |                 |                    |
| 4 Lateral lines   |      | <u>11 Fuel storage</u>  |                |                 |                    |
| 7 Pit privy   |      | 15 Oil well/Gas well  |                |                 |                    |
| 2 Sewer lines   |      | 12 Fertilizer storage   |                |                 |                    |
| 5 Cess pool   |      | 16 Other (specify below)  |                |                 |                    |
| 8 Sewage lagoon   |      |   |                |                 |                    |
| 3 Watertight sewer lines  |      | 13 Insecticide storage  |                |                 |                    |
| 6 Seepage pit   |      | 9 Feedyard  |                |                 |                    |
| Direction from well? <u>E</u>   |      | How many feet? <u>~14</u>   |                |                 |                    |
| FROM  | TO   | LITHOLOGIC LOG  | FROM           | TO              | PLUGGING INTERVALS |
| 0.0   | 0.5  | topsoil   |                |                 |                    |
| 0.5   | 14.0 | clay very silty, slightly sandy   |                |                 |                    |
| 14.0  | 17.0 | silt very clayey, slightly sandy  |                |                 |                    |
| 17.0  | 22.0 | silt very clayey  |                |                 |                    |
| Allison Irwin contacted Don Taylor on 4-27-94 about forms being turned in late.   |      |   |                |                 |                    |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-20-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>8-9-94</u> under the business name of <u>GSI</u> by (signature) <u>Allison Irwin</u> |      |   |                |                 |                    |
| 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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.   |      |   |                |                 |                    |