WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

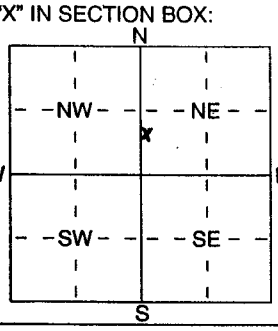
1 LOCATION OF WATER WELL: County: Butler	Fraction: NW ¼ SW ¼ NE ¼	Section Number: 35	Township Number: T 25 S	Range Number: R 5 (E) W

Distance and direction from nearest town or city street address of well if located within city?
220 feet southwest of 1400 North Main Street

2 WATER WELL OWNER: Mark McCabe
RR#, St. Address, Box # : 2849 West 4th
City, State, ZIP Code : El Dorado, KS 67042

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 20 ft. ELEVATION: 1,288.58

Depth(s) Groundwater Encountered 1 12.56 ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 1,275.53 ft. below land surface measured on mo/day/yr 10/20/2003
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield ____ gpm: Well water was ____ ft. after ____ hours pumping ____ gpm

WELL WATER TO BE USED AS:
1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 7 Domestic (lawn & garden) 8 Air conditioning 9 Dewatering (10) Monitoring well 11 Injection well 12 Other (Specify below) MW-8
2 Irrigation 4 Industrial

Was a chemical/bacteriological sample submitted to Department? Yes ____ No X; If yes, mo/day/yrs sample was submitted
Water Well Disinfected? Yes ____ No

5 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 ____ Clamped ____ Welded ____ Threaded X

Blank casing diameter 2 in. to 10 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface flush in., weight .709 lbs./ft. Wall thickness or guage No. Schedule 40

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) 11 Other (Specify) ____
9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot (3) Mill slot 5 Guazed 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 10 ft. to 20 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 8 ft. to 20 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other ____
Grout Intervals: From 1 ft. to 8 ft., From ____ ft. to ____ ft., From ____ ft. to ____ 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

Direction from well? north east How many feet? 340

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1'	Soil, sand, clay, brown, moist			Log # 00350729
1'	10'	Clay, dark brown, hard, dry			
10'	15	Clay, dark brown, hard, moist			
15'	20'	Clay, dark brown, moist			

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) 10/10/2003 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 705 This Water Well Record was completed on (mo/day/yr) 11/12/2003 under the business name of Handex by (signature) [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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.