

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

1 LOCATION OF WATER WELL: Butler	FRACTION SW 1/4 SW 1/4 NW 1/4	SECTION NUMBER 1	TOWNSHIP NUMBER T 28 S	RANGE NUMBER R 5E E/W																																																																																																																														
Distance and direction from nearest town or city street address of well if located within city? 100 S. Main El Dorado, Kansas																																																																																																																																		
2 WATER WELL OWNER: INTRUST BANK RR#,ST. ADDRESS,BOX #: 100 S. Main CITY, STATE: El Dorado, Kansas ZIP CODE: _____ Application Number: _____ Board of Agriculture, Division of Water Resource																																																																																																																																		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N NW NE SW SE S 1 Mile	4 DEPTH OF plugged WELL: 30 ft. ELEVATION: _____ Depth of groundwater Encountered: _____ ft. WELL'S STATIC WATER LEVEL 18 FT. BELOW LAND SURFACE MEASURED ON 2/15/13 Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm Bore Hole Diameter _____ in. to _____ ft. and _____ in. to _____ ft. WELL WATER was USED AS: 1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only 9. Dewatering 11. Injection well 2. Irrigation 4. Industrial 6. Oil field water supply 8. Air conditioning 10. Monitoring well 12. Other (Specify below) Was a chemical/bacteriological sample submitted to Department? YES Was Water Well Disinfected? YES If yes, what mo/day/yr was sample submitted? NO																																																																																																																																	
	5 TYPE OF CASING USED: 1. Steel 3. RPM (SR) 5. Wrought Iron 7. Fiberglass 9. Other (Specify below) CASING JOINTS: Glued Threaded 2. PVC 4. ABS 6. Asbestos-Cement 8. Concrete tile brick lined Welded Clamped Blank casing diameter 40 in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft. Casing height below and surface: 6 ft. in., Weight: _____ lbs. / ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1. Steel 3. Stainless Steel 5. Fiberglass 7. PVC 9. ABS 11. Other (specify) N/A 2. Brass 4. Galvanized 6. Concrete Tile 8. RMP (SR) 10. Asbestos-Cement 12. None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1. Continuous slot 3. Mill slot 5. Gauzed wrapped 7. Torch cut 9. Drilled holes 11. None (open hole) 2. Louvered shutter 4. Key punched 6. Wire wrapped 8. Saw cut 10. Other (specify) N/A SCREEN - PERFORATION INTERVAL From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																																																																	
6 GROUT MATERIALS: 1. Neat cement 2. Cement Grout 3. Bentonite Other Grout Intervals: From 0 ft. to 20 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 13. Insecticide storage 15. Oil well/Gas well 2. Sewer lines 5. Cess Pool 8. Sewage lagoon 11. Fuel storage 14. Abandon water well 16. Other (specify below) 3. Watertight sewer line 6. Seepage pit 9. Feed yard 12. Fertilizer storage None Apparent Direction from well? _____ How many feet? _____																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> <th>LITHOLOGIC LOG</th> <th>From</th> <th>To</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>0</td> <td>20</td> <td>cement grout</td> </tr> <tr> <td></td> <td></td> <td></td> <td>20</td> <td>30</td> <td>chlorinated well gravel</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					From	To	LITHOLOGIC LOG	From	To	LITHOLOGIC LOG				0	20	cement grout				20	30	chlorinated well gravel																																																																																																												
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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) 2/15/2013 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This water well record was completed on (mo/day/year) 2/17/2013 under the business name of Harp Well and Pump Service by (signature) Todd S. Harp																																																																																																																																		