| WATER WELL RECORD  | Form WWC-5                         | Division                 | n of Water Reso              | urces; App. No.           |                         |
|--|------------------------------------|--------------------------|------------------------------|---------------------------|-------------------------|
| 1 LOCATION OF WATER WELL:  | Fraction NW 1/4 NW                 | Sec.                     | tion Number                  | Township Number T 2S S    | R 7E E                  |
| Distance and direction from nearest town located within city? 202 Center, Marysv.  | or city street address of we       | ll if <b>Glob</b><br>Lat | oal Positioning itude: 39.84 | System (decimal deg       | rees, min. of 4 digits) |
|  |                                    | Lor                      | ngitude: 96.65               | 5533                      | 2.00                    |
| 2 WATER WELL OWNER: Dean T   | Thomas /                           |                          | tum: RIM                     | 1149.33; TOC: 1149        | 9.00                    |
| RR#, St. Address, Box # : 1043 8<br>City, State, ZIP Code : Marys  | th Road                            |                          |                              | lethod: legal survey      |                         |
| 3 LOCATE WELL'S 4 DEPTH O  | F COMPLETED WELL 2                 |                          | u concentor i                | ft.                       |                         |
| LOCATON  |                                    |                          | W12                          |                           |                         |
| WITH AN "X" IN Depth(s) Grou   | ndwater Encountered1               |                          | ft. 2                        | ft. 3                     | ft.                     |
| SECTION BOX: WELL'S STA  | TIC WATER LEVEL 16.                | .75 ft. be               | elow land surfa              | ice measured on mo/o      | lay/yr 6/19/12          |
| N Pum  | n test data: Well water was        | S                        | ft. after                    | hours pump                | ing gpm                 |
| X Est. Yield gpm: Well water was ft. after hours pumping gpm   |                                    |                          |                              |                           |                         |
| NW - NE -   WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well   |                                    |                          |                              |                           |                         |
| 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)   |                                    |                          |                              |                           |                         |
| W E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well  |                                    |                          |                              |                           |                         |
| SW SE No V If you molday/yra   |                                    |                          |                              |                           |                         |
| Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes No X  |                                    |                          |                              |                           |                         |
| S Sample was su  | bmitted                            |                          | water w                      | en Distillected: 1 ca     | NU A                    |
| 5 TYPE OF CASING USED: 5 1 Steel 3 RMP (SR) 6  | Wrought Iron 8 (                   | Concrete t               | ile CAS                      | ING JOINTS: Gluec         | Clamped                 |
| 1 Steel 3 RMP (SR) 6   | Asbestos-Cement 9 (                | Other (spe               | cify below)                  | Weld                      | ed                      |
| (2) PVC 4 ABS 7  | Fiberglass                         |                          |                              | Inrea                     | ided A                  |
| Blank casing diameter 2 in. to   | 10.10 ft., Dia                     | in. 1                    | to II.                       | , D1a1D                   | No. 10.                 |
| PVC 4 ABS 7 Fiberglass Threaded X  Blank casing diameter 2 in. to 10.10 ft., Dia in. to ft., Dia in. to ft.  Casing height below land surface 0.33 ft., Weight Ibs./ft. Wall thickness or gauge No.  TYPE OF SCREEN OR PERFORATION MATERIAL:   |                                    |                          |                              |                           |                         |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Steinless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)   |                                    |                          |                              |                           |                         |
| 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)   |                                    |                          |                              |                           |                         |
| ICODEENLOD DEDEOD ATION ODENINGS ADD.  |                                    |                          |                              |                           |                         |
| 1 Continuous slot 3 Mill slot 5 Gauze 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)  SCREEN-PERFORATED INTERVALS: From 10.10 ft. to 20.10 ft. From ft. to ft.   |                                    |                          |                              |                           |                         |
| COPERA DEPENDATED INTERVALS  | to From 10.10 ft                   | to 21                    | 0 10  ft Ft                  | rom ft.                   | to ft.                  |
| SCREEN-I EROCKATED HATEKARE  | From ft                            | . to                     | ft. Fı                       | om ft.                    | to ft.                  |
| GRAVEL PACK INTERVALS:   | From 8 ft                          | . to 20                  | 0.50 ft. F1                  | rom ft.                   | to ft.                  |
|  | From ft                            | . to                     | ft. Fı                       | om ft.                    | to ft.                  |
| From ft. to ft. From ft. Fr |                                    |                          |                              |                           |                         |
| Grout Intervals From 1 ft. to  | nom 2 Coment grout (               | ft to                    | ft                           | From                      | ft. to ft.              |
| What is the nearest source of possible co  | ontamination:                      |                          |                              |                           |                         |
|  |                                    | Livestock                |                              | ecticide Storage          | 16 Other (specify       |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below)  |                                    |                          |                              |                           |                         |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well  |                                    |                          |                              |                           |                         |
| Direction from well? NE How many feet? ~230 ft   |                                    |                          |                              |                           |                         |
| FROM TO LITHO  | DLOGIC LOG                         | FROM                     | ТО                           | PLUGGING INT              | CERVALS                 |
| 0 20.50 Black silty clay   |                                    |                          |                              |                           |                         |
|  |                                    |                          |                              | Table 1                   |                         |
|  |                                    |                          |                              |                           |                         |
|  |                                    |                          |                              |                           |                         |
|  | ·                                  |                          |                              |                           |                         |
|  |                                    |                          | Flush                        | mount waiver from         | BOW                     |
| T CONTED A CITODIS OF A ANDONS   | JEDIC CEDTIEIC ATION               | · This met               | er well wes (1)              | samelan AT 192 reconst    | ructed or (3) phygged   |
| 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) 6/19/12 and this record is true to the best of my knowledge and belief  |                                    |                          |                              |                           |                         |
| Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (moday/year) 7/13/12  |                                    |                          |                              |                           |                         |
| under the business name of Larsen & As   | sociates, Inc. by                  | y (signature             | e)                           |                           |                         |
| INSTRUCTIONS: Please fill in blanks or circle  | the correct answers. Send top thre | e copies to K            | Kansas Departm               | t of Health and Environme | ent, Bureau of Water,   |
| Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send Note of WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.   |                                    |                          |                              |                           |                         |