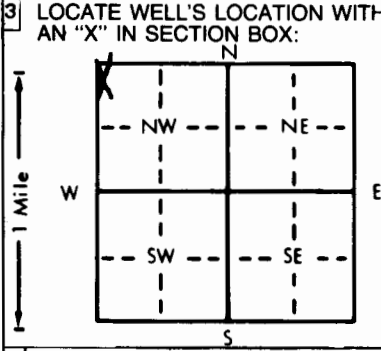


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Sumner Fraction: NW 1/4 NW 1/4 NW 1/4 Section Number: 4 Township Number: T 30 S Range Number: R 2E EW

Distance and direction from nearest town or city street address of well if located within city? 12001 S. 95th East Mulvane, Ks.

2 WATER WELL OWNER: Scott Ramsey RR#, St. Address, Box #: Rt. 1 Box 799A City, State, ZIP Code: Mulvane, Ks. Board of Agriculture, Division of Water Resources Application Number:



4 DEPTH OF COMPLETED WELL: 40 ft. ELEVATION: 10 ft. WELL'S STATIC WATER LEVEL: 10 ft. below land surface measured on mo/day/yr 9-6-88

5 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) Cer-Mac styrene SDR 26, 10 Asbestos-cement, 11 Injection well, 12 Other (Specify below) 2 Irrigation, 4 Industrial, 7 Lawn and garden only, 10 Monitoring well

6 GROUT MATERIAL: 1 Neat cement, 2 Cement grout, 3 Bentonite, 4 Other Grout Intervals: From 4 ft. to 24 ft. What is the nearest source of possible contamination: 1 Septic tank, 2 Sewer lines, 3 Watertight sewer lines, 4 Lateral lines, 5 Cess pool, 6 Seepage pit, 7 Pit privy, 8 Sewage lagoon, 9 Feedyard, 10 Livestock pens, 11 Fuel storage, 12 Fertilizer storage, 13 Insecticide storage, 14 Abandoned water well, 15 Oil well/Gas well, 16 Other (specify below) None Apparent

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows show lithologic log from 0 to 40 feet: Topsoil (0-3), Clay (3-16), Grey Shale (16-40).

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) 9-6-88 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/yr) 5-15-89 under the business name of Harp Well and Pump Service, Inc. by (signature) Mary Arnold

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.