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

1 LOCATION OF WATER WELL: County: Cowley | Fraction: NENWNW¼ ¼ ¼ | Section Number: 33 | Township Number: T 34 S | Range Number: R 3 E W

Distance and direction from nearest town or city? 4 m W on 166 hy from Ark City

Street address of well if located within city?

2 WATER WELL OWNER: Jim Metzinger
RR#, St. Address, Box # : R F D
City, State, ZIP Code : Arkansas City 67005

Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL 62 ft. Bore Hole Diameter 9 in. to T.D. ft., and ..... in. to ..... ft.

Well Water to be used as: 1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)
2 Irrigation 4 Industrial

Well's static water level 17 ft. below land surface measured on 11/5/84 month ..... day ..... year

Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield 50/100 gpm: Well water was Bail test after ..... hours pumping ..... gpm

4 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)

Casing Joints: Glued X Clamped ..... Welded ..... Threaded .....

Blank casing dia 5" in. to T.D. ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 24 in., weight 200 psi lbs./ft. Wall thickness or gauge No 200 psi

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

Screen or Perforation Openings Are: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

Screen-Perforation Dia ..... in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

Screen-Perforated Intervals: From 50 ft. to 60 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From 60 ft. to 15 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grouted Intervals: From 0 ft. to 15 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well East How many feet 150 ? Water Well Disinfected? Yes X No

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ..... If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes X No .....

If Yes: Pump Manufacturer's name Burks Model No. ..... HP ½ Volts 230

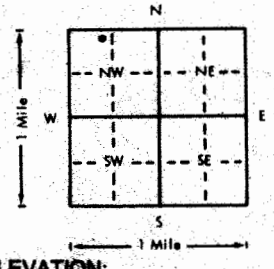
Depth of Pump Intake 48 ft. Pumps Capacity rated at 10 gal./min.

Type of pump: 1 Submersible X 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

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 10 month Nov day 1984 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 171

This Water Well Record was completed on 12 month Nov day 84 year under the business name of G & S Drilling by (signature) [signature]

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	5	Soil			
5	15	Sh grn soft			
15	18	Shelly shale yel/grn			
18	40	Shale yel/grn soft			
40	43	lm shells tan med			
43	62	blue sh med/soft			
62	td				

Depth(s) Groundwater Encountered 1 38 ft. 2 ..... ft. 3 ..... ft. 4 ..... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼