

WATER WELL RECORD

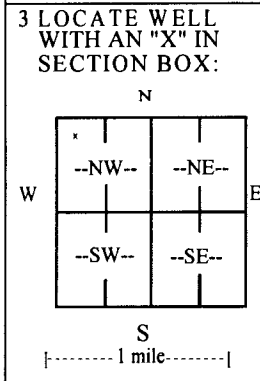
Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Cowley Fraction: 1/4 NW 1/4 NW 1/4 NW 1/4 Section Number: 16 Township No. T 34 S Range Number R 3 [X] E [] W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: Approximately 3 miles west and 1 mile north of Arkansas City. Global Positioning System (GPS) information: Latitude: 37.099424 Longitude: -97.11297 Elevation: unknown

2 WATER WELL OWNER: Sumner Co. RWD #4 RR#, Street Address, Box #: 4766 US 166 City, State, ZIP Code : Arkansas City, KS 67005



3 LOCATE WELL WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 42 ft. Depth(s) Groundwater Encountered (1) 11.52 ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL 11.52 ft. below land surface measured on mo/day/yr 07/06/11

5 TYPE OF CASING USED: [] Steel [X] PVC [] Other CASING JOINTS: [X] Glued [] Clamped [] Welded [] Threaded Casing diameter 2 in. to 25 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 24 in., Weight 70 lbs./ft., Wall thickness or gauge No. 154

6 GROUT MATERIAL: [] Neat cement [] Cement grout [X] Bentonite [] Other Grout Intervals: From ft. to ft., From 0 ft. to 20 ft., From ft. to ft. What is the nearest source of possible contamination: [] Septic tank [] Lateral lines [] Pit privy [] Livestock pens [] Insecticide storage [X] Other (specify below)

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows include: 0-1 Topsoil, 1-10 Sand, fine, 10-15 Sand, fine - coarse, 15-40 Sand, gravel, fine - coarse, clay streaks, thin, 40-41 Shale, yellow, green, gray.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [X] constructed, [] reconstructed, or [] plugged under my jurisdiction and was completed on (mo/day/year) 07/06/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 07/22/11 under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.