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

1 LOCATION OF WATER WELL: County: WASHINGTON | Fraction: SW¼ SW¼ NW¼ | Section Number: 1 | Township Number: T 5 S | Range Number: R 2 E/W

Distance and direction from nearest town or city? 1 W - 1 N PALMER | Street address of well if located within city?

2 WATER WELL OWNER:
RR#, St. Address, Box # : WENDELL WILGERS
City, State, ZIP Code : PALMER, KANSAS 66962
Board of Agriculture, Division of Water Resources Application Number:

3 DEPTH OF COMPLETED WELL 153 ft. Bore Hole Diameter 8 in. to 153 ft., and ____ in. to ____ ft.

Well Water to be used as: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 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)

Well's static water level 80 ft. below land surface measured on 6 month 15 day 79 year

Pump Test Data: Well water was N/A ft. after ____ hours pumping ____ gpm
Est. Yield 60 gpm: Well water was ____ ft. 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 133 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 12 in., weight 3 lbs./ft. Wall thickness or gauge No .258

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 5 in. to 153 ft., Dia ____ in. to ____ ft., Dia ____ in to ____ ft.
Screen-Perforated Intervals: From 133 ft. to 153 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
Gravel Pack Intervals: From 10 ft. to 153 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 10 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)

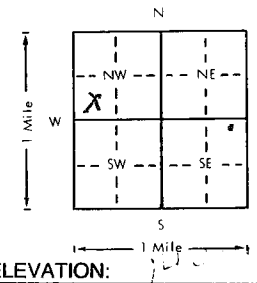
Direction from well EAST How many feet 150 ? Water Well Disinfected? Yes X No ____

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

If Yes: Pump Manufacturer's name ____ Model No. ____ HP ____ Volts ____
Depth of Pump Intake ____ ft. Pumps Capacity rated at ____ gal./min.
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 6 month 15 day 79 year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 359
This Water Well Record was completed on 11 month 28 day 79 year under the business name of DARYL Cox & Sons Inc by (signature) Darryl Cox

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



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	TOPSOIL			
3	10	BROWN CLAY			
10	54	SANDROCK			
54	78	BLUE CLAY			
78	85	RED CLAY			
85	150	SANDROCK			
150	153	BLUE CLAY			
153		STOP			

Depth(s) Groundwater Encountered 1. 85 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 5 R 2 E/W SEC. 1 SW¼ SW¼ NW¼