

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Jackson Fraction NW 1/4 NE 1/4 NW 1/4 Section Number 3 Township Number T 8 S Range Number R 16 EW Distance and direction from nearest town or city street address of well if located within city? Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.38911 Longitude: 95.62134 Elevation: 1044 Datum: 663 87 Data Collection Method: Hand held

2 WATER WELL OWNER: Mike Elliot RR#, St. Address, Box #: 17843 190th RD City, State, ZIP Code: Denison, KS

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S 4 DEPTH OF COMPLETED WELL: 150 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was..... ft. after..... hours pumping..... gpm Est. Yield..... gpm: Well water was..... ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well 12 Other (Specify below) Ground Source. Was a chemical/bacteriological sample submitted to Department? Yes..... No [X]...; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes..... No [X]...

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass 8 Concrete tile CASING JOINTS: Glued..... Clamped..... Welded..... Threaded..... Blank casing diameter 3 1/4 in. to 1.50 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface 60 in., Weight..... lbs./ft. Wall thickness or gauge No. SPR 11 TYPE OF SCREEN OR PERFORATION MATERIAL: 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) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed 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..... ft. to..... ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 150 ft. to 0 ft., From..... ft. to..... ft., From..... ft. to..... ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well 16 Other (specify below) Direction from well? South How many feet? 25

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows: 0-22 Clay, 22-112 Alt Shale, 112-119 Limestone, 119-150 Alt Shale.

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) 8-15-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 10/10/08 under the business name of Associated Drilling Inc by (signature) [Signature]

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to 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/index.html.