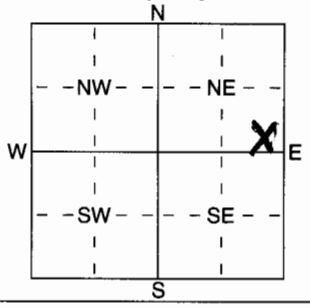
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: CLAY | Fraction: SE ¼ SE ¼ NE ¼ | Section Number: 19 | Township Number: T 8 S | Range Number: R 3 E/W

Distance and direction from nearest town or city street address of well if located within city?
1½ MILES SOUTH OF CLAY CENTER ON HWY 15

2 WATER WELL OWNER: CLAYTON WRIGHT
RR#, St. Address, Box # : 1569 Navajo RD
City, State, ZIP Code : CLAY CENTER, KS 67432
Board of Agriculture, Division of Water Resources Application Number: _____

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



4 DEPTH OF COMPLETED WELL 140 ft. ELEVATION: _____
Depth(s) Groundwater Encountered 1 123 ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL 117 ft. below land surface measured on mo/day/yr 8/4/05
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield 7 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Domestic (lawn & garden) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yrs sample was submitted
Water Well Disinfected? Yes X No

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)
CASING JOINTS: Glued X Clamped _____ Welded _____ Threaded _____
Blank casing diameter 5 in. to 120 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface 24 in., weight _____ lbs./ft. Wall thickness or guage No. SDR 21

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 Guazed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 120 ft. to 140 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 25 ft. to 140 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals: From 3 ft. to 25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ 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) HOUSE
Direction from well? EAST How many feet? 30

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	74	CLAYEY SOIL			
74	80	LIMESTONE, TAN			
97	118	SHALE, RED			
118	124	LIMESTONE			
124	140	SHALE, GRAY			

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) 8/4/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 760 This Water Well Record was completed on (mo/day/yr) 8/24/05 under the business name of ASSOCIATED DRILLING INC. by (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.