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

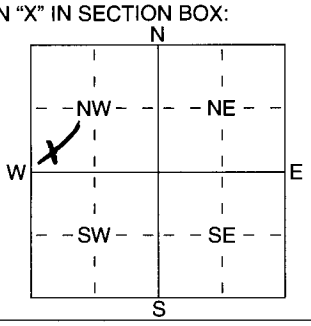
1 LOCATION OF WATER WELL: County: Clay	Fraction SW ¼ SW ¼ NW ¼	Section Number 34	Township Number T 8 (S)	Range Number R 4 E/W

Distance and direction from nearest town or city street address of well if located within city? From Clay Center Go 10 Miles East on Hwy 396

2 WATER WELL OWNER: Thomas Belue
RR#, St. Address, Box # : 1360 Valleyview Road
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 120 ft. ELEVATION: .....
Depth(s) Groundwater Encountered 1 73 ft. 2 ..... ft. 3 ..... ft.
WELL'S STATIC WATER LEVEL 73 ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield 15 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); If yes, mo/day/yrs sample was submitted
Water Well Disinfected? (Yes) 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) Clamped Welded Threaded
Blank casing diameter 5 in. to 100 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 2' in., weight Sch 40 lbs./ft. Wall thickness or guage No. .....
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) ..... ft. 11 None (open hole)
25/1000's
SCREEN-PERFORATED INTERVALS: From 100 ft. to 120 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 25 ft. to 120 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)
Direction from well? South West How many feet? 130'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Top Soil			
1	9	Brown Clay			
9	21	Limestone			
21	73	Brown Clay			
73	95	Limestone			
95	108	Greenish Shale (Water)			
108	120	Limestone			

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) 10/9/2002 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 451 This Water Well Record was completed on (mo/day/yr) 11/9/2002 under the business name of Haldiman Well Drilling by (signature) [signature] CWD PE

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.