|   |                 | WA  | ATER WELL REC                | ORD Form V              | /WC-5 KS   | A 82a-1       | 212 ID N             | 0  |                |                   |               |             |              |  |
|---|-----------------|---|------------------------------|-------------------------|--|---------------|----------------------|--|----------------|-------------------|---------------|-------------|--------------|--|
| 1 LOCAT   | ION OF WA       |   |                              |                         |  | Town          | Township Number      |  |                | Range Number      |               |             |              |  |
| County:   | Ottawa          | a   | SW 1/4                       | NW 14 N                 | IW 1/4   |               | 18                   | Т  | 11             | S                 | R             | 3           | <b>X</b> E/W |  |
|   |                 |   | wn or city street a          |                         |  | city?         |                      |  |                |                   |               |             |              |  |
|   |                 |   | Minneapo.                    |                         |  | •             |                      |  |                |                   |               |             |              |  |
|   | WELL OW         |   | Inc.,                        |                         | Raccus   | •             |                      |  |                |                   |               |             |              |  |
|   | ddress, Box     |   | Albert                       |                         | Baccus   | •             |                      | Boa  | d of Aarica    | ultura 1          | Division of   | · Mater     | Resources    |  |
| City, State,  |                 |   |                              | 67401                   |  |               |                      |  | ication Nu     |                   |               |             | 1100001000   |  |
|   |                 | CATION WITH   | 4 DEPTH OF C                 | OMPLETED WE             | LL9.4.   |               | ft. ELEVA            |  |                |                   |               |             |              |  |
|   | N SECTION       |   | Denth(s) Grour               | ndwater Encounte        | ered 1   |               | ft                   | 2  |                | ft :              | 3             |             | ft           |  |
| / /   | Ņ               |   | WELL'S STATI                 | C WATER LEVEL           | 1.4  | ft. belo      | w land surfac        | e measured                                   | on mo/da       | y/yr              | 1.0           | /17.        | /.03         |  |
| Pump test data: Well water was54ft. after2 hours pumping7                       |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
| Est. Yield .8.00  |                 |   |                              |                         |  |               |                      |  |                |                   | gpm           |             |              |  |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 injection |                 |   |                              |                         |  |               |                      |  |                |                   | low)          |             |              |  |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specif     |                 |   |                              |                         |  |               |                      |  |                | •                 | ,             |             |              |  |
| I I I I I I I I I I I I I I I I I   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
| -   | -500 -          | - SE  | 1                            | il/bacteriological      | pacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs sample was sub |               |                      |  |                |                   |               |             |              |  |
| mitted Water Well Disinfected? Yes X No   |                 |   |                              |                         |  |               |                      |  |                |                   |               | 10          |              |  |
|   | Ś               |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
| 5 TYPE (  | OF BLANK (      | CASING USED:  |                              | 5 Wrought iron          |  | Concre        |                      |  | NG JOINT       |                   |               |             | ed           |  |
| 1 Steel 3 RMP (SR)  |                 |   | 6 Asbestos-Ce                |                         |  | specify below | •                    |  |                |                   |               | •••••       |              |  |
| <b>X</b> PVC  |                 | 4 ABS   |                              | 7 Fiberglass            |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   | in. to                       |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   | 1.2                          | in., weight             | 1.6  |               |                      |  |                |                   |               | .500        |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |                 |   |                              | 5 Fiberglass            | X PV   | ;<br>P(SR)    |                      | 10 Asbest                                    |                |                   |               |             |              |  |
| 1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel                            |                 |   | 6 Concrete tile              | _                       |  |               |                      |  |                | 1 Other (Specify) |               |             |              |  |
|   |                 | RATION OPENII                                       |                              |                         | 5 Guazed wra   | annad         |                      | 8 Saw c                                      |                |                   | 11 Non        |             | holo)        |  |
|   | tinuous slot    |   | Mill slot                    |                         | 6 Wire wrapp   |               |                      | 9 Drilled                                    |                |                   | II NOII       | e (open     | i noie)      |  |
| 1   | vered shutte    | _   | Key punched                  |                         | 7 Torch cut  |               |                      |  |                |                   |               |             | ft.          |  |
|   |                 | ED INTERVALS  | , ,                          | <b>3.4</b> f            | to <b>94</b>   |               | ft From              |  |                | ft to             | 0             |             | ft           |  |
| SOMELNI   | LITI ONATI      | -D MILITARES  | From                         | f                       | . to   |               | ft., From            |  |                | ft. to            | 0             |             | ft.          |  |
| From  |                 |   |                              |                         |  |               |                      |  |                |                   | ft.           |             |              |  |
|   |                 |   | From                         | f                       | . to   |               | ft., From            |  |                | ft. to            | o             |             | ft.          |  |
| 6 GROL  | T MATERIA       | I 1 Nea   | at cement                    | X Cement gr             | out  | 3 Bento       | onite 4              | 4 Other                                      |                |                   |               |             |              |  |
|   |                 |   | ft. to2                      |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
| What is the nearest source of possible contamination: No.                       |                 |   |                              | 7 Pit privy             |  |               |                      | 14 Abandoned water well                      |                |                   |               |             |              |  |
|   |                 |   |                              | 8 Sewage lagoon         |  |               |                      | 16 Other (specify below)                     |                |                   |               |             |              |  |
| 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit                |                 |   |                              |                         | 9 Feedyard   |               |                      | 12 Fertilizer storage 13 Insecticide storage |                |                   |               |             |              |  |
| Direction fr  | •               | illies 0 3ee  | 31                           | 3 recuyard              |  |               | ny feet?             |  |                | ,                 |               |             |              |  |
| FROM  | TO              |   | LITHOLOGIC                   | CLOG                    |  | ОМ            | TO                   | ly loot:                                     | PLUG           | ZING II           | NTERVAL       |             |              |  |
|   | -               | Manaai  |                              | LOG                     |  | OW            | 10                   |  | FLOGG          | anva n            | VIENVAL       |             |              |  |
| 0   | 3               | Topsoi  |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
| 3   | 27              | Clay,   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
| 27  | 56              |   | Medium                       |                         |  |               |                      |  |                |                   |               |             |              |  |
| 56  | 94              |   | one, iro                     | n pyrite                |  |               |                      |  |                |                   |               |             |              |  |
|   |                 | layer   | <u>:s</u>                    |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |
| 7 CONTR   | ACTOR'S C       | R LANDOWNE  | ER'S CERTIFICA               | TION: This water        | well was (X)   | constru       | cted, (2) reco       | onstructed,                                  | or (3) plug    | ged un            | der my ju     | risdictic   | n and was    |  |
| completed of  | on (mo/day/y    | ear)1.0./.2   | 20/03                        |                         |  |               | and this re          | cord is true t                               | to the best    | of my k           | nowledge      | and bel     | lief. Kansas |  |
| I   |                 |   | 1.38                         |                         |  | Record v      |                      |  |                | 10                | 14.30./.0     | 13          |              |  |
| under the b   | usiness nan     | ne of Pet   | erson Ir                     | rigation                | Inc.   |               | by (                 | (signature)                                  | ///Me          | Νī                | two           | <b>\</b>    |              |  |
| INSTRUC   | TIONS: Use type | writer or ball point pe                             | en. PLEASE PRESS F           | IRMLY and PRINT clear   | arly. Please fill in bl  | anks, unde    | erline or circle the | correct answer                               | s. Send top th | ree copie         | s to Kansas   | Departmen   | nt of Health |  |
|   |                 | of water, Geology Se<br>ach <u>constructed</u> well | ection, 1000 SW Jacks<br>II. | on 31., 30118 420, 10pe | na, narisas 00012  | 1307. Telé    | priorie 763-296-5    | JULE. SHIID ONE                              | U WAIER WI     | -LL OWN           | ich and retai | n one for y | your         |  |
|   |                 |   |                              |                         |  |               |                      |  |                |                   |               |             |              |  |

•