SALINE WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. MW 10

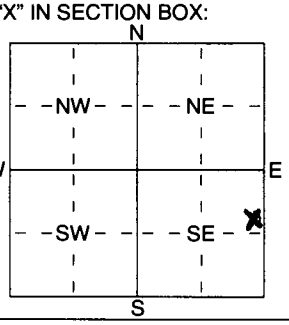
1 LOCATION OF WATER WELL: County: DICKINSON	Fraction: SE ¼ NE ¼ SE ¼	Section Number: 13	Township Number: T 13 S	Range Number: R 16 E/W WEST

Distance and direction from nearest town or city street address of well if located within city? 119 W FOURTH

2 WATER WELL OWNER: SOLOMON SENIOR CENTER
RR#, St. Address, Box # : 119 W FOURTH
City, State, ZIP Code : SOLOMON, KS 67480

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 33.5 ft. ELEVATION:
Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.
WELL'S STATIC WATER LEVEL 23.39 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: 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 2 in. to 33.5 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or guage No. SCH 40
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 -010 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 13.5 ft. to 33.5 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 13.4 ft. to 33.5 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 0.5 ft. to 13.4 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) Rain Water
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Black clay	0	.5	Cement cap
10	15	Tan clay	.5	13.4	Bentonite chips
15	18	Dry sand	13.4	33.5	10/20 sand & native sand
18	34	Wet sand			

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) 5-11-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 665 This Water Well Record was completed on (mo/day/yr) 5/13/04 under the business name of Pratt Well Environmental by (signature) Steven Eyl

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.