

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: ELLIS Fraction 1/4 NE 1/4 SE 1/4 Section Number 4 Township Number T 14 S Range Number R 18 E/W

2 WATER WELL OWNER: FERRY HUGS MIKE SPRAUGE RR#, St. Address, Box #: HAYS MS 67401 City, State, ZIP Code: HAYS MS 67401

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing a 2x2 grid with NW, NE, SW, SE quadrants and an 'X' in the SE quadrant]

4 DEPTH OF COMPLETED WELL: 41 ft. Depth(s) Groundwater Encountered (1) 3.2 ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL: 3.2 ft. below land surface measured on mo/day/yr.

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued, Clamped, Welded, Threaded. 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below)

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 41 ft. to 2.6 ft. GRAVEL PACK INTERVALS: From 41 ft. to 2.2 ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other. Grout Intervals: From 0 ft. to 2.2 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) 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

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows show depth intervals and lithology: 0-21 TOP SOIL, 21-33 SAND & GRAVEL, 33-36 CLAY & SAND, 36-40 CLAY, 40-41 SILT.

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) 7/15/05 and this record is true to the best of my knowledge and belief.

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.