

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

0047294

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

Distance and direction from nearest town or city street address of well if located within city? 300 E 8th Street, Hays KS Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.868958 Longitude: 99.327862 Elevation: 1990.23' TOC Datum: Measured using an EPOH GPS Data Collection Method: GPS

2 WATER WELL OWNER: RR#, St. Address, Box # : KDHE 1000 SW Jackson City, State, ZIP Code : Topeka KS 66612

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S 4 DEPTH OF COMPLETED WELL 26 ft. Depth(s) Groundwater Encountered (1) 19.32 ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... 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: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well MW-6 Was a chemical/bacteriological sample submitted to Department? Yes..... No.....; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes..... No.....

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass CASING JOINTS: Glued..... Clamped..... Welded..... Threaded..... Blank casing diameter..... in. to..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface..... in., Weight.....lbs./ft. Wall thickness or gauge No. Schedule 40 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 0.010 5 Guazed 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 17 ft. to 26 ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From 13.5 ft. to 26 ft., From..... ft. to..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 0 ft. to 13.5 ft., From..... ft. to..... ft., From..... ft. to..... 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 Direction from well?..... How many feet?.....

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include: 0 to 0.5 ASPHALT, 0.5 to 20 CLAYEY SILT, 20 to 24 CLAYEY SAND, 24 to 26 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) 10/13/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 795 This Water Well Record was completed on (mo/day/year) 10/28/11 under the business name of O'Malley Drilling by (signature) Michael O'Malley

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. Visit us at http://www.kdhe.state.ks.us/geo/waterwells.