

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Saline, Fraction: NW 1/4 NE 1/4 NW 1/4, Section Number: 17, Township Number: T 15 S, Range Number: R 4 E/W

2 WATER WELL OWNER: SMOKEY HILL ASSOS, RR#, St. Address, Box #: 8429 W. Farrelly RD., City, State, ZIP Code: SALINA, KS. 67401

Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.75422, Longitude: 97.79298, Elevation: 1375, Datum: 663 84, Data Collection Method: Hand Held

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N, W, E, S

4 DEPTH OF COMPLETED WELL: 270 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....

5 TYPE OF CASING USED: 5 Wrought Iron, 8 Concrete tile, CASING JOINTS: Glued..... Clamped....., 1 Steel, 3 RMP (SR), 6 Asbestos-Cement, 9 Other (specify below) Welded, 2 PVC, 4 ABS, 7 Fiberglass, H.D.P.E., Threaded.

6 GROUT MATERIAL: 1 Neat cement, 2 Cement grout, 3 Bentonite, 4 Other, Grout Intervals: From 270 ft. to 0 ft., From 0 ft. to 0 ft., From 0 ft. to 0 ft., From 0 ft. to 0 ft.

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows: 0-35 Clay, 35-108 Shale, 108-122 Limestone, 122-270 Alt Shale. Includes note: 50 HOLES TO 270'

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) 12/31/06...

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers.