

## WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

| <b>1 LOCATION OF WATER WELL:</b><br>County: Ellsworth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Fraction<br>SW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ |      | Section Number<br>29                                                                                                                                                              | Township Number<br>T 17 S                   | Range Number<br>R 9 E/W |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                |      | <b>Global Positioning Systems (decimal degrees, min. of 4 digits)</b><br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> Kinder Morgan, Inc.<br>RR#, St. Address, Box # 1020 Hoover Street<br>City, State, ZIP Code Great Bend, KS 67530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>N<br><table border="1" style="margin: auto; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>--NW--</td><td></td><td>--NE--</td></tr> <tr><td> </td><td></td><td> </td></tr> <tr><td>--SW--</td><td></td><td>--SE--</td></tr> <tr><td>X  </td><td></td><td> </td></tr> </table> S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                |      |                                                                                                                                                                                   | --NW--                                      |                         | --NE-- |    |                |      | --SW-- |                    | --SE-- | X |            |    | <b>4 DEPTH OF COMPLETED WELL</b> 90 ft.<br>Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.<br>WELL'S STATIC WATER LEVEL 44 ft. below land surface measured on mo/day/yr 7/10/08<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn& garden) 10 Monitoring well |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --NW--                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    | --NE--                                                         |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --SW--                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    | --SE--                                                         |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr _____<br>Sample was submitted _____ Water well disinfected? Yes _____ No <u>X</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>2 PVC 4 ABS 7 Fiberglass Threaded <u>yes</u><br>Blank casing diameter 2 in. to 73 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.<br>Casing height above land surface 3 in., Weight SCH 40 lbs./ft. Wall thickness or gauge No. _____<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br>1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____<br>2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____<br><b>SCREEN-PERFORATED INTERVALS:</b> From 90 ft. to 70 ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From 90 ft. to 67.5 ft., From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft. |    |                                                                |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____<br>Grout Intervals: From 67.5 ft. to 0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) crop field<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well<br>Direction from well? N/A How many feet? N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>Silty clay</td> <td>90</td> <td>0</td> <td>Pulled all casing and bentonite to surface.</td> </tr> <tr> <td>5</td> <td>27</td> <td>Clay silt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>27</td> <td>28</td> <td>Limestone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>28</td> <td>55</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>55</td> <td>90</td> <td>Silt with sand</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                |    |                                                                |      |                                                                                                                                                                                   |                                             |                         | FROM   | TO | LITHOLOGIC LOG | FROM | TO     | PLUGGING INTERVALS | 0      | 5 | Silty clay | 90 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Pulled all casing and bentonite to surface. | 5 | 27 | Clay silt |  |  |  | 27 | 28 | Limestone |  |  |  | 28 | 55 | Clay |  |  |  | 55 | 90 | Silt with sand |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TO | LITHOLOGIC LOG                                                 | FROM | TO                                                                                                                                                                                | PLUGGING INTERVALS                          |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5  | Silty clay                                                     | 90   | 0                                                                                                                                                                                 | Pulled all casing and bentonite to surface. |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 27 | Clay silt                                                      |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 28 | Limestone                                                      |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 55 | Clay                                                           |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 90 | Silt with sand                                                 |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 7/10/08 and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 8/12/08<br>under the business name of Pratt Well Service, Inc. by (signature) <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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, 1 000 SW Jackson St., Suite 420, Topeka, Kansas 66612- 1 367. 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 <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                |      |                                                                                                                                                                                   |                                             |                         |        |    |                |      |        |                    |        |   |            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |   |    |           |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |