| WATE   | R WELI   | RECORD                        | Form WWC          | <b>2-5</b>                              | Division of Wate                     | er Resources; App. No. |                                       |  |
|--|--|-------------------------------|-------------------|---|--------------------------------------|------------------------|---------------------------------------|--|
| 1 LOCATION OF WATER WELL:  |  |                               | Fraction          | · · · · · · · · · · · · · · · · · · ·   | Section Number                       | Township Number        | Range Number                          |  |
| County: Rush County  |  |                               | SW 1/4 SW 1/4     | SW 1/4                                  | 22                                   | T 18 S                 | R 18 E/W                              |  |
| Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4  |  |                               |                   |   |                                      |                        |                                       |  |
| locat  | ed within o  | ity? Intersection of KS Highv | Latitude: 38.4658 |   |                                      |                        |                                       |  |
|  |  |                               |                   |   | Longitude: 99.3081                   |                        |                                       |  |
|  |  |                               |                   |   | Elevation: TOC 1995.58' RIM 1995.93' |                        |                                       |  |
| RR#, St. Address, Box # : Box 1950   |  |                               |                   |   | Datum:                               |                        |                                       |  |
| City, State, ZIP Code : Rush Center, KS 67575  |  |                               |                   |   | Data Collection Method:              |                        |                                       |  |
| 3 LOC  | ATE WE   | LL'S 4 DEPTH OF COMI          | PLETED WELL       | 30                                      | ft.                                  |                        |                                       |  |
| LOCATION   |  |                               |                   |   |                                      |                        |                                       |  |
| WITH AN "X" IN Depth(s) Groundwater Encountered (1)  |  |                               |                   |   |                                      |                        |                                       |  |
| SEC  | SECTION BOX: WELL'S STATIC WATER LEVEL   |                               |                   |   |                                      |                        |                                       |  |
|  | N Pump test data: Well water wasft, after hours pumping                              |                               |                   |   |                                      |                        |                                       |  |
|  | Est. Yieldgpm: Well water wasft. after hours pumpinggpm                              |                               |                   |   |                                      |                        |                                       |  |
| N\   | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well |                               |                   |   |                                      |                        |                                       |  |
| W E 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  |  |                               |                   |   |                                      |                        |                                       |  |
|  |  | 2 Irrigation 4 Ind            | ustriai / Domes   | tic (iawn                               | & garden) [10]Mor                    | ntoring well . N       | W-10                                  |  |
| Vas a glasmical/hactorial aginal compile submitted to Department? Vas  |  |                               |                   |   |                                      |                        |                                       |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No  |  |                               |                   |   |                                      |                        |                                       |  |
| Sample was submitted water wen disinfected? Tes No   |  |                               |                   |   |                                      |                        |                                       |  |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped   |  |                               |                   |   |                                      |                        |                                       |  |
|  |  | Ç                             |                   |   |                                      | G JOINTS: Glued        |                                       |  |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  |  |                               |                   |   |                                      |                        |                                       |  |
|  | PVC  | 4 ABS 7 Fiberglass            | A Dia2            |   | : A                                  |                        | : A                                   |  |
| Blank casing diameter 0.5 in. to 13 ft., Diameter 2 in. to ft., Diameter in. to ft.  Casing height above land surface in., Weight 2.0 lbs./ft. Wall thickness or guage No. Schedule 40   |  |                               |                   |   |                                      |                        |                                       |  |
| TVPE   | DE SCREE   | N OR PERFORATION MATE         | RIAI              |   | 108./11. Wall till                   | ickness of guage No.   |                                       |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)  |  |                               |                   |   |                                      |                        |                                       |  |
| 2 Brass 4 Galvanized Steal 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 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 .15 ft. to .30 ft., From   |  |                               |                   |   |                                      |                        |                                       |  |
| From   |  |                               |                   |   |                                      |                        |                                       |  |
| GRAVEL PACK INTERVALS: From  |  |                               |                   |   |                                      |                        |                                       |  |
|  |  | From.                         | ft. to            | • | ft., From                            | ft. to                 | ft.                                   |  |
| 6 CPO  | IIT MAT  | DIAL   Neat cement 2          | Cament grout 3 B  | entonite                                | 4 Other                              |                        |                                       |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  Grout Intervals: From 9.5 ft. to 13 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   |  |                               |                   |   |                                      |                        |                                       |  |
|  | Sewer line   |                               | 8 Sewage-lagoon   | 11 Fuel                                 | •                                    | bandoned water well    | below)                                |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well   |  |                               |                   |   |                                      |                        |                                       |  |
| Direction from well?   |  |                               |                   |   |                                      |                        |                                       |  |
| FROM   | TO   | LITHOLOGIC                    | LOG               | FROI                                    | OT N                                 | PLUGGING INT           | ERVALS                                |  |
| 0  | 5  | SILT                          |                   |   |                                      |                        |                                       |  |
| - 5  | 10   | Clayey SILT                   |                   |   |                                      |                        |                                       |  |
| 10   | 20   | SILT                          |                   |   |                                      |                        |                                       |  |
| 20   | 27   | Silty CLAY                    |                   |   |                                      |                        |                                       |  |
| 27   | 30   | 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) 10/02/08 and this record is true to the best of my knowledge and belief.  |  |                               |                   |   |                                      |                        |                                       |  |
| Kansas Water Well Contractor's License No. 554(783 This Water Well Record was completed on (mo/day/year) 11/25/08  |  |                               |                   |   |                                      |                        |                                       |  |
| under the business name of Woofter Pump & Well, Inc. by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline by 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.  |  |                               |                   |   |                                      |                        |                                       |  |