

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Mapherson Fraction Ne 1/4 Ne 1/4 Se 1/4 Section Number 9 Township Number T 10 S Range Number R 2 EW

2 WATER WELL OWNER: Laura Bowers RR#, St. Address, Box #: 2233 21st Ave City, State, ZIP Code: Galva, KS

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing a 3x3 grid with 'X' in the SE cell] 4 DEPTH OF COMPLETED WELL: 90 ft. Depth(s) Groundwater Encountered (1) 75 ft. (2) ... (3) ... WELL'S STATIC WATER LEVEL: 70 ft. below land surface measured on 9-9-07

5 TYPE OF CASING USED: 1 Steel, 2 PVC, 3 RMP (SR), 4 ABS, 5 Wrought Iron, 6 Asbestos-Cement, 7 Fiberglass, 8 Concrete tile, 9 Other (specify below), 10 SDR 26, 11 Injection well, 12 Other (Specify below) CASING JOINTS: Glued, Clamped, Welded, Threaded

6 GROUT MATERIAL: 1 Neat cement, 2 Cement grout, 3 Bentonite, 4 Other Grout Intervals: From 0 ft. to 20 ft., From ... ft. to ... ft., From ... ft. to ... ft.

Table with 6 columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include: 0-15 Clay, 15-35 Yellow Shale, 35-75 Blue Shale, 75-76 Some Water, 76-90 Gray Shale

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) 9-9-07 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.