

WATER WELL RECORD

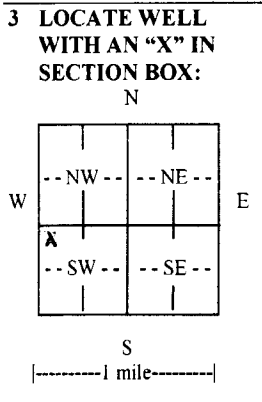
Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Ness, Fraction: 1/4 NW 1/4 NW 1/4 SW 1/4, Section Number: 16, Township No.: T 19 S, Range Number: R 21 E W

2 WATER WELL OWNER: Wilhelm Charitable Trust, RR#, Street Address, Box #: PO Box 454, City, State, ZIP Code: Spearville, KS 67876

Global Positioning System (GPS) information: Latitude: 38.40002, Longitude: 099.65798, Datum: WGS 84, NAD 83, NAD 27, Collection Method: GPS unit



3 LOCATE WELL WITH AN 'X' IN SECTION BOX: N, W, E, S, 1 mile scale. 4 DEPTH OF COMPLETED WELL 323 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL N/A..... ft. below land surface measured on mo/day/yr..... Pump test data: Well water was.....ft. after..... hours pumping..... gpm EST. YIELD. N/A..... gpm. Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter 10.....in. to 323.....ft., and.....in. to.....ft. WELL WATER TO BE USED AS: Public water supply, Geothermal, Injection well, Domestic, Feedlot, Oil field water supply, Dewatering, Other (Specify below) Stock, Irrigation, Industrial, Domestic-lawn & garden, Monitoring well. 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: Steel, PVC, Other. CASING JOINTS: Glued, Clamped, Welded, Threaded. 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. TYPE OF SCREEN OR PERFORATION MATERIAL: Brass, Galvanized steel, PVC, Other (Specify) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot, Well slot, Gauze wrapped, Torch cut, Drilled hole, Non-slot, Louvered shutter, Knurled punched, Wire wrapped, Saw cut, Other (specify) SCREEN-PERFORATION INTERVALS: From..... ft. to..... ft. From..... ft. to..... ft. GRAVEL BACK INTERVALS: From..... ft. to..... ft. From..... ft. to..... ft. From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement, Cement grout, Bentonite, Other. Grout Intervals: From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft. What is the nearest source of possible contamination: Septic tank, Lateral lines, Pit privy, Livestock pens, Insecticide storage, Other (specify below), Sewer lines, Cesspool, Sewage lagoon, Fuel storage, Abandoned water well, Watertight sewer lines, Seepage pit, Feedyard, Fertilizer storage, Oil well/gas well. Direction from well..... Distance from well.....

Table with 6 columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Row 1: 323, 20, Chlorinated gravel. Row 2: 20, 0, Hole plug.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 11-4-15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/year) 11-6-15 under the business name of Rosencrantz- Bemis Ent Inc by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html