WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Scott | Fraction: NW ¼ SW ¼ SW ¼ | Section Number: 24 | Township Number: T 19 S | Range Number: R 33 E (W)

Distance and direction from nearest town or city? ½ mile West 3/4 North of Shallow Water, Kansas | Street address of well if located within city?

2 WATER WELL OWNER: Thomas W. Graham
RR#, St. Address, Box # : 1013 South Main
City, State, ZIP Code : Scott City, Kansas 67871
Board of Agriculture, Division of Water Resources Application Number: R 15413

3 DEPTH OF COMPLETED WELL 200 ft. Bore Hole Diameter 28 in. to 200 ft., and ____ in. to ____ ft.

Well Water to be used as: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)

Well's static water level 86 ft. below land surface measured on 5 month 9 day 1981 year

Pump Test Data: Well water was 135 ft. after 4 hours pumping 680 gpm
Est. Yield 1000 gpm: Well water was 160 ft. after 8 hours pumping 1030 gpm

4 TYPE OF BLANK 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)
Casing Joints: Glued Clamped Welded Threaded

Blank casing dia 5 in. to 150 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 12 in., weight 31.67 lbs./ft. Wall thickness or gauge No 188

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

Screen or Perforation Openings Are: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) Extruded Bridge Type 11 None (open hole)

Screen-Perforation Dia 16 in. to 200 ft., Dia ____ in. to ____ ft., Dia ____ in to ____ ft.
Screen-Perforated Intervals: From 150 ft. to 200 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
Gravel Pack Intervals: From 15 ft. to 200 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.

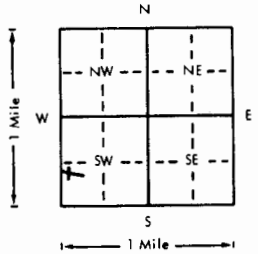
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grouted Intervals: From 0 ft. to 15 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well Southeast How many feet 1600 ? Water Well Disinfected? Yes No
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted ____ month ____ day ____ year: Pump Installed? Yes No
If Yes: Pump Manufacturer's name Bryon Jackson Model No. 4-12-BJ HP ____ Volts ____
Depth of Pump Intake 195 ft. Pumps Capacity rated at 1000 gal./min.
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 5 month 28 day 1981 year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 232.
This Water Well Record was completed on 5 month 28 day 1981 year under the business name of Weishaar Drilling & Supply Inc. by (signature) Lloyd Weishaar

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	94	Clay	94	100	Sand
100	151	Clay	151	157	Sand & gravel
157	160	Clay	160	175	Sand
175	197	Sand with clay streaks	197	200	Shale

Depth(s) Groundwater Encountered 1. 86 ft. 2. ____ ft. 3. ____ ft. 4. ____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 19 R 33 E(W) SEC. 24 NW¼ SW¼ SW¼