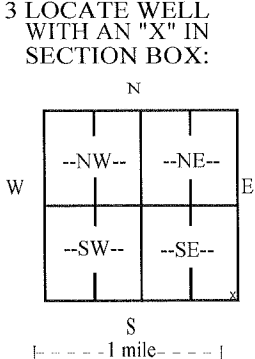


**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.

46,936

<b>1 LOCATION OF WATER WELL:</b> County: <b>Phillips</b>		Fraction <b>1/4 SE 1/4 SE 1/4 SE 1/4</b>	Section Number <b>25</b>	Township No. <b>T 1 S</b>	Range Number <b>R 19</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Approximately 12 miles north and 4.5 miles west of Phillipsburg.			<b>Global Positioning System (GPS) information:</b> Latitude: <b>39.929868</b> (in decimal degrees) Longitude: <b>-99.40347</b> (in decimal degrees) Elevation: <b>Unknown</b> Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <b>WAAS</b> ) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER:</b> <b>Prairie Horizon Agri-Energy, LLC</b> RR#, Street Address, Box #: <b>1664E 100 Rd.</b> City, State, ZIP Code : <b>Phillipsburg, KS 67661</b>					
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL</b> <b>159</b> ft.				
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was <u>not checked</u> ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>36</b> in. to <b>160</b> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other					
CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Other (Specify) <b>Spline-Lock</b> Casing diameter <b>12</b> in. to <b>138</b> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <b>12</b> in., Weight <b>19.14</b> lbs./ft., Wall thickness or gauge No. <b>.750</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input checked="" type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <b>138</b> ft. to <b>158</b> ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>50</b> ft. to <b>160</b> ft., From _____ ft. to _____ ft.					
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other					
Grout Intervals: From <b>5</b> ft. to <b>25</b> ft., From <b>25</b> ft. to <b>50</b> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <b>None Known</b> <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well _____ Direction from well _____ Distance from well _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Topsoil	145	158	Sand & gravel, fine to medium
4	32	Clay, brown, gray	158	160	Clay, greenish
32	84	Sandstone, medium			
84	88	Sandstone, very hard			
88	92	Sandstone, medium			
92	107	Clay, white, gray, hard			
107	126	Sandstone, medium			
126	137	Clay, greenish, brown			
137	142	Sand & gravel, fine to medium			
142	145	Sand & gravel, clay, sandy, white			
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <b>03/18/14</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>185</b> This Water Well Record was completed on (mo/day/year) <b>04/04/14</b> under the business name of <b>Clarke Well &amp; Equipment, Inc.</b> by (signature) _____					
INSTRUCTIONS: Use typewriter or ball point pen. <b>PLEASE PRESS FIRMLY</b> and <b>PRINT</b> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .					