WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

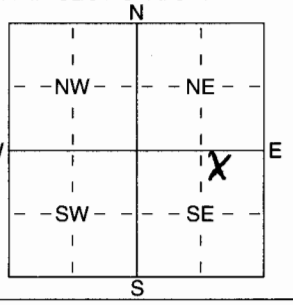
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: McPherson	NW ¼ NE ¼ SE ¼	26	T 20 S	R 2 E/(W)

Distance and direction from nearest town or city street address of well if located within city?
1 mi E, 5 ½ N of Moundridge – 749 - 23rd Ave

2 WATER WELL OWNER: Andy Johnson
RR#, St. Address, Box # : 749 23rd Ave
City, State, ZIP Code : Galva, KS 67443

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL 106 ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.
WELL'S STATIC WATER LEVEL 10 ft. below land surface measured on mo/day/yr 8-25-04
Pump test data: Well water was 104 ft. after 1 hours pumping 2 gpm
Est. Yield 2 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

WELL WATER TO BE USED AS:
(1) Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
7 Domestic (lawn & garden) 10 Monitoring well .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ; If yes, mo/day/yrs sample was submitted
Water Well Disinfected? (Yes) No

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile
(2) PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)
7 Fiberglass .....

CASING JOINTS: Glued X Clamped .....
Welded .....
Threaded .....

Blank casing diameter 6 in. to 33 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 12 in., weight ..... lbs./ft. Wall thickness or guage No. 160

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

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Guazed wrapped 8 Saw cut (11) None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
7 Torch cut 10 Other (specify) ..... ft.

SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 23 ft. to 28 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other .....
Grout Intervals: From 3 ft. to 23 ft., From 28 ft. to 33 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 14 Abandoned water well
2 Sewer lines 5 Cess pool (8) Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage .....
Direction from well? W – NW How many feet? 200

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	11	Sandy Br + Gr Clay			
11	19	Sand + San Gravel			
19	24	Br Clay			
24	26	White Rock			
26	28	Br Clay			
28	106	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) 8-25-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 447 This Water Well Record was completed on (mo/day/yr) 9-21-04 under the business name of Miller Drilling by (signature) E Miller

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. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.