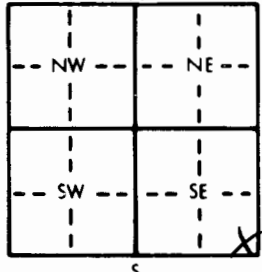


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Rice Fraction: SE 1/4 SE 1/4 SE 1/4 Section Number: 11 Township Number: T 20 S Range Number: R 9 EAW

Distance and direction from nearest town or city street address of well if located within city?  
3 mi W, 2 S of Lyons

2 WATER WELL OWNER: Denrick McCloud  
 RR#, St. Address, Box #: RT 3, Box 58-B  
 City, State, ZIP Code: Lyons, KS 67554  
 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: 40 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: 6 ft. below land surface measured on mo/day/yr 5-5-98  
 Pump test data: Well water was 9 ft. after 1 1/2 hours pumping 25 gpm  
 Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter: 8 in. to 43 ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)  
 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No X; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:  
 1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued X Clamped .....  
 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded .....  
 Blank casing diameter 5 in. to 33 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 12 in., weight 2.29 lbs./ft. Wall thickness or gauge No. 160  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    10 Asbestos-cement  
 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) .....  
 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot    3 Mill slot    5 Gauzed 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) .....  
 SCREEN-PERFORATED INTERVALS: From 33 ft. to 40 ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 23 ft. to 43 ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement    2 Cement grout    6 Bentonite    4 Other  
 Grout Intervals: From 3 ft. to 23 ft., From ..... ft. to ..... 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    pond

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|----|----------------|------|----|--------------------|
| 0    | 14 | Bt + Gr clay   |      |    |                    |
| 14   | 18 | Silty Gr sand  |      |    |                    |
| 18   | 43 | Sand + Gravel  |      |    |                    |
|      |    |                |      |    |                    |
|      |    |                |      |    |                    |
|      |    |                |      |    |                    |
|      |    |                |      |    |                    |
|      |    |                |      |    |                    |
|      |    |                |      |    |                    |
|      |    |                |      |    |                    |

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) 5-5-98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 447 This Water Well Record was completed on (mo/day/yr) 5-20-98 under the business name of Miller Drilling by (signature) Eg 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.