

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

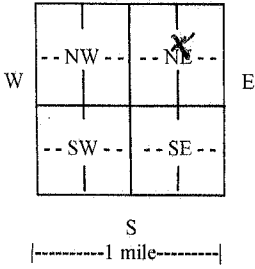
1 LOCATION OF WATER WELL: County: Stafford Fraction 1/4 S2 1/4 N2 1/4 NE 1/4 Section Number 30 Township No. T 21 S Range Number R 11 [] E [x] W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [] 6 1/4 North, 4 3/4 East of Hudson

Global Positioning System (GPS) information: Latitude: Longitude: Elevation: Datum: [] WGS 84, [] NAD 83, [] NAD 27 Collection Method: [] GPS unit, [] Digital Map/Photo, [] Topographic Map, [] Land Survey Est. Accuracy: [] <3 m, [] 3-5 m, [] 5-15 m, [] >15 m

2 WATER WELL OWNER: Mark McMillen/ Shelly Turner RR#, Street Address, Box #: P.O. Box 159 City, State, ZIP Code : Fort Collins, CO 80522

3 LOCATE WELL WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 60 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 4 ft. below land surface measured on mo/day/yr. 9-13-13 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 60 ft., andin. to ft. WELL WATER TO BE USED AS: [] Public water supply [] Geothermal [] Injection well [] Domestic [] Feedlot [] Oil field water supply [] Dewatering [x] Other (Specify below) [] Irrigation [] Industrial [] Domestic-lawn & garden [] Monitoring well Stock Was a chemical/bacteriological sample submitted to Department? [] Yes [x] No If yes, mo/day/yr sample was submitted..... Water well disinfected? [x] Yes [] No

5 TYPE OF CASING USED: [] Steel [x] PVC [] Other CASING JOINTS: [x] Glued [] Clamped [] Welded [] Threaded Casing diameter 5 in. to 60 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 18 in., Weight SDR-26 lbs./ft., Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL: [] Steel [] Stainless Steel [x] PVC [] Other (Specify) [] Brass [] Galvanized Steel [] None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: [] Continuous slot [] Mill slot [] Gauze wrapped [] Torch cut [] Drilled holes [] None (open hole) [] Louvered shutter [] Key punched [] Wire wrapped [x] Saw cut [] Other (specify) SCREEN-PERFORATED INTERVALS: From 60 ft. to 40 ft., From ft. to ft. GRAVEL PACK INTERVALS: From 60 ft. to 20 ft., From ft. to ft.

6 GROUT MATERIAL: [] Neat cement [] Cement grout [x] Bentonite [] Other Grout Intervals: From ft. to ft., From 20 ft. to 0 ft., From ft. to ft. What is the nearest source of possible contamination: [] Septic tank [] Lateral lines [] Pit privy [] Livestock pens [] Insecticide storage [x] 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 None Direction from well Distance from well

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows include: 0-4 Top soil, 4-9 Tan clay, 9-60 Sand & gravel- small.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [x] constructed, [] reconstructed, or [] plugged under my jurisdiction and was completed on (mo/day/year) 9-13-13 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) 10-7-13 under the business name of Rosencrantz- Bemis Ent. Inc. by (signature) Sara Albin

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 785-296-5524. 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.