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

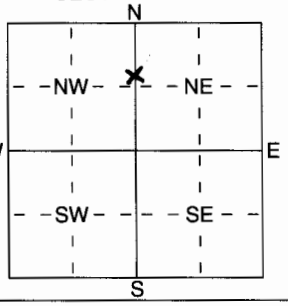
1 LOCATION OF WATER WELL: County: McPherson	Fraction: CE ¼ NE ¼ SE ¼	Section Number: 24	Township Number: T 21 S	Range Number: R 4 E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Edith Graber Trust
RR#, St. Address, Box # : P.O. Box 14
City, State, ZIP Code : Marion, Ks. 66861

Board of Agriculture, Division of Water Resources Application Number: 19600

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



4 DEPTH OF COMPLETED WELL 122 ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft.
WELL'S STATIC WATER LEVEL 31 ft. below land surface measured on mo/day/yr 3-10-07
Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

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

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X; If yes, mo/day/yrs 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
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below)
7 Fiberglass

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

Blank casing diameter 16 in. to 62 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface 24 in., weight SCH 40 lbs./ft. Wall thickness or guage No. .500

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 62 ft. to 122 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 122 ft. to 20 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 Hole Plug
Grout Intervals: From 20 ft. to 0 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 .....
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Top Soil			
2	34	Clay			
34	75	Sand & Gravel			
75	80	Clay			
80	93	Sand & Gravel			
93	110	Clay			
110	119	Sand & Gravel			
119	122	Clay			

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) 3-10-07 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/yr) 3-16-07 under the business name of Buerkenartz Bemis Ent. by (signature) Teresa Dodson

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.