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

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Stafford	C ¼ W½ of SW ¼	16	T 22 S	R 12 W

Distance and direction from nearest town or city? 3 3/4 N 1 1/2 W of Hudson

Street address of well if located within city?

WATER WELL OWNER: Dawson Drilling

RR#, St. Address, Box # : Box 1131

City, State, ZIP Code : Great Bend, Ks. 67530

Board of Agriculture, Division of Water Resources Application Number: T81-21

DEPTH OF COMPLETED WELL 110 ft. Bore Hole Diameter 11 in. to 110 ft., and ..... in. to ..... ft.

Well Water to be used as: 1 Domestic 3 Feedlot (6) Oil field water supply 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below) ..... 2 Irrigation 4 Industrial 7 Lawn and garden only

Well's static water level 16 ft. below land surface measured on 1 month 17 day 81 year

Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield NA gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

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

Casing Joints: Glued ✓ Clamped ..... Welded ..... Threaded .....

Blank casing dia 5 in. to 90 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 18 in., weight ..... lbs./ft. Wall thickness or gauge No .258

TYPE OF SCREEN OR PERFORATION MATERIAL: (1) PVC 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 6 Wire wrapped 7 Torch cut (8) Saw cut 9 Drilled holes 10 Other (specify) ..... 11 None (open hole) 2 Louvered shutter 4 Key punched

Screen-Perforation Dia 5 in. to 110 ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

Screen-Perforated Intervals: From 90 ft. to 110 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From 10 ft. to 110 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GROUT MATERIAL: (1) Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grouted Intervals: From 0 ft. to 10 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage (12) Oil well/Gas well 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) 13 Watertight sewer lines .....

Direction from well 5 How many feet 80' ? Water Well Disinfected? Yes H.T.H. No .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ✓ ..... If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes ..... No ✓

If Yes: Pump Manufacturer's name ..... Model No. ..... HP ..... Volts .....

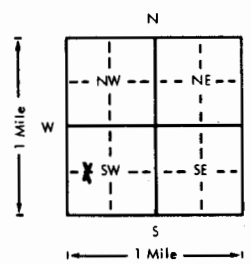
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 1 month 17 day 81 year 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 12 month 2 day 81 year under the business name of Rosencrantz-Bemis by (signature) Lora Dodson

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



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	top soil			
2	10	dark brown clay			
10	15	light brown clay			
15	20	light brown & tan clay			
20	30	tan clay w/ gravel			
30	35	tan clay			
35	70	sandy clay			
70	110	sand & gravel			

Depth(s) Groundwater Encountered 1. 16' ft. 2. ..... ft. 3. ..... ft. 4. ..... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 22 R 12 E(W) SEC. 16 C ¼ W½ ¼ SW ¼