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

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Stafford	NW ¼ NE ¼ NE ¼	13	T 22 S	R 13 E/W

Distance and direction from nearest town or city? 2½ south - 1 east of Hudson | Street address of well if located within city?

WATER WELL OWNER: Clausen Drilling Co.
RR#, St. Address, Box # : Box 1131
City, State, ZIP Code : Great Bend, Ks 67530
Board of Agriculture, Division of Water Resources Application Number: T80-45

DEPTH OF COMPLETED WELL 125 ft. Bore Hole Diameter 12 1/4 in. to 125 ft., and ____ in. to ____ ft.

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

Well's static water level 22' ft. below land surface measured on 2 month [redacted] 2 day 80 year
Pump Test Data NA gpm: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield ____ gpm: Well water was ____ ft. after ____ hours pumping ____ gpm

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

Blank casing dia 5 1/2 in. to 100 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 12 in., weight ____ lbs./ft. Wall thickness or gauge No .258

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

Screen or Perforation Openings Are: 5 Gauzed wrapped (8) Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)

Screen-Perforation Dia 5 1/2 in. to 125 ft., Dia ____ in. to ____ ft., Dia ____ in to ____ ft.
Screen-Perforated Intervals: From 100 ft. to 125 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
Gravel Pack Intervals: From 10 ft. to 125 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.

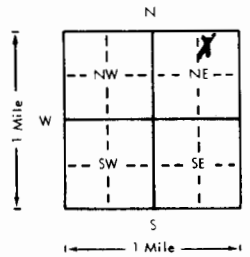
GROUT MATERIAL: (1) Neat cement 2 Cement grout 3 Bentonite 4 Other
Grouted Intervals: From 0 ft. to 10 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.

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 (15) 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 55 How many feet west ? Water Well Disinfected? Yes HTH 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 2 month 2 day 80 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 2 month 19 day 80 year under the business name of Rosencrantz - Bemis by (signature) Fredia Dodson

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



ELEVATION:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	1	top soil			
1	6	Dark gray clay			
6	11	Gray & brown clay			
11	28	Brown sandy clay			
28	36	Gray clay			
36	65	Gray White sandy clay			
65	75	Sand + gravel			
75	81	Gray sandy clay			
81	125	Sand + gravel			

Depth(s) Groundwater Encountered 1. 22 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 13 E/W SEC. 13 NW¼ NE¼ NE¼