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

1 LOCATION OF WATER WELL: County: Stafford | Fraction: SW ¼ SW ¼ NE ¼ | Section Number: 28 | Township Number: T 22 S | Range Number: R 14 E/W

Distance and direction from nearest town or city? 6½ mi. North & 5 mi. west of St. John, KS

Street address of well if located within city?

2 WATER WELL OWNER: Stan Christiansen
RR#, St. Address, Box # : Route 3
City, State, ZIP Code : Hudson, KS 67545

Board of Agriculture, Division of Water Resources Application Number: Not Required

3 DEPTH OF COMPLETED WELL 60 ft. Bore Hole Diameter 9 in. to 60 ft., and ____ in. to ____ ft.

Well Water to be used as: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below) AND STOCK

Well's static water level 24 ft. below land surface measured on 9 month 24 day 1980 year

Pump Test Data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield Not ck/d gpm: Well water was ____ ft. after ____ hours pumping ____ gpm

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

Casing Joints: Glued X Clamped ____ Welded ____ Threaded ____

Blank casing dia 5 in. to 50 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.

Casing height above land surface 12 in., weight 1.5 lbs./ft. Wall thickness or gauge No .200

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

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

Screen-Perforation Dia 5 in. to 60 ft., Dia ____ in. to ____ ft., Dia ____ in to ____ ft.

Screen-Perforated Intervals: From 50 ft. to 60 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.

Gravel Pack Intervals: From 40 ft. to 60 ft., From ____ ft. to ____ ft.
Annular fill From 25 ft. to 40 ft., From 10 ft. to 21 ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ____

Grouted Intervals: From 0 ft. to 10 ft., From 21 ft. to 25 ft., From ____ ft. to ____ ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) FIELD

Direction from well all directions How many feet ____? Water Well Disinfected? Yes X No

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

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

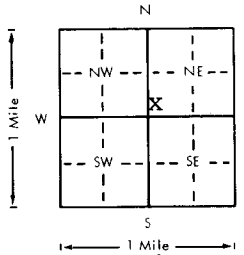
Depth of Pump Intake ____ ft. Pumps Capacity rated at ____ gal./min.

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

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 9 month 24 day 1980 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185

This Water Well Record was completed on 10 month 8 day 1980 year under the business name of CLARKE WELL & EQ., INC. by (signature) [signature]

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



ELEVATION: Unknown

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	30	Fine sand, topsoil & sandy tan clay			
30	34	Sand & gravel			
34	39	Sandy tan clay			
39	60	Sand & gravel			

Depth(s) Groundwater Encountered 1. 24 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 14 W SEC. 28 SW¼ SW¼ NE¼