58 8218 RWD 2-06 Deep

WATER WELL RECORD Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Harvey | Fraction: SW 1/4 SW 1/4 NW 1/4 | Section Number: 24 | Township Number: T 22 S | Range Number: R 2 E (W)

Distance and direction from nearest town or city street address of well if located within city? Approximately 1/2 mile south and 4 miles west of Hesston.

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: 38.123245
Longitude: -97.500308
Elevation: Unknown
Datum: NAD 83
Data Collection Method: WAAS GPS Unit

2 WATER WELL OWNER: Harvey County RWD #1
RR#, St. Address, Box # : 107 N. Walnut
City, State, ZIP Code : P.O. Box 124, Peabody, KS 66866

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

N / W / E / S; --NW-- --NE-- --SW-- --SE--; X in --NW--

4 DEPTH OF COMPLETED WELL 122 ft.

Depth(s) Groundwater Encountered (1) ____ ft. (2) ____ ft. (3) ____ ft,

WELL'S STATIC WATER LEVEL Not checked ft. below land surface measured on mo/day/yr ____

Pump test data: Well water was Not checked ft. after ____ hours pumping ____ gpm

Est. Yield Unknown gpm: Well water was ____ ft. after ____ hours pumping ____ gpm

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

Was a chemical/bacteriological sample submitted to Department? Yes ____ No ✓ If yes, mo/day/yrs

Sample was submitted ____ Water well disinfected? Yes ____ No ✓

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

CASING JOINTS: Glued ____ Clamped ____ Welded ____ Threaded ✓

Blank casing diameter 2 (steel) in. to 7 ft., Diameter 2 (PVC) in. to 109 ft., Diameter ____ in. to ____ ft.

Casing height above land surface 36 in., weight .70 PVC, 3.65 steel lbs./ft. Wall thickness or gauge No. .154 (both)

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

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot (3) Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) ____

SCREEN-PERFORATED INTERVALS: From 109 ft. to 119 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.

GRAVEL PACK INTERVALS: From 94 ft. to 122 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 Bentonite Holeplug

Grout Intervals: From 0 ft. to 87 ft., From ____ ft. to ____ ft., From 87 ft. to 94 ft.

What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage (16) Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well — None known
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well

Direction from well? ____ How many feet? ____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil	51	58	Clay, light and dark gray
2	9	Clay, brown	58	60	Clay, rusty brown and gray
9	20	Clay, light brown	60	62	Cemented sand with clay, gray
20	23	Clay brown, sand, fine to coarse	62	68	Clay, gray and brown with sand streaks, fine
23	24	Clay, gray	68	74	Clay, gray and brown
24	33	Sand, brown, fine to coarse, gravel, fine	74	80	Clay, dark gray
33	40	Clay, gray, green	80	87	Clay, gray and brown with sand streaks, fine
40	45	Clay, gray with caliche	87	90	Sand, brown with clay and shale pieces
45	46	Cemented sand, hard	90	92	Clay, gray with sand, fine
46	50	Sand, brown, fine to coarse	92	100	Sand, brown, very fine to fine with clay
50	51	Cemented sand, hard			streaks, gray (continued)

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 6-5-06 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 (mo/day/year) 6-12-06

Under the business name of Clarke Well & Equipment, Inc. by (signature) [signature]

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.

59 8218 RWD 2-06 Deep (Continued)

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RR#, St. Address, Box # : 107 N. Walnut
City, State, ZIP Code : P.O. Box 124 Peabody, KS 66866

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

N / W / E / S; --NW-- --NE-- --SW-- --SE--

4 DEPTH OF COMPLETED WELL ____ ft.
Depth(s) Groundwater Encountered (1) ____ ft. (2) ____ ft. (3) ____ ft,
WELL'S STATIC WATER LEVEL ____ ft. below land surface measured on mo/day/yr ____
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: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well ____
Was a chemical/bacteriological sample submitted to Department? Yes ____ No ____ If yes, mo/day/yrs
Sample was submitted ____ Water well disinfected? Yes ____ No ____

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded ____
2 PVC 4 ABS 7 Fiberglass Threaded ____
Blank casing diameter ____ in. to ____ ft., Diameter ____ in. to ____ ft., Diameter ____ in. to ____ ft.
Casing height above land surface ____ in., weight ____ lbs./ft. Wall thickness or gauge No. ____

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

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) ____

SCREEN-PERFORATED INTERVALS: From ____ ft. to ____ ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From ____ ft. to ____ 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 ____
Grout Intervals: From ____ ft. to ____ 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 13 Insecticide Storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well ____
Direction from well? ____ How many feet? ____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
100	110	Sand, brown, fine to coarse, gravel, fine with			
		thin clay streaks			
110	119	Sand, brown, fine to coarse with gravel, fine			
		and thin clay streaks			
119	120	Cemented sand			
120	122	Shale, green, hard			
		See first page for all other information and			
		signature.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) ____ and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. ____ This Water Well Record was completed on (mo/day/year) ____
Under the business name of ____ by (signature) James W Clark

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.