

WATER WELL RECORD

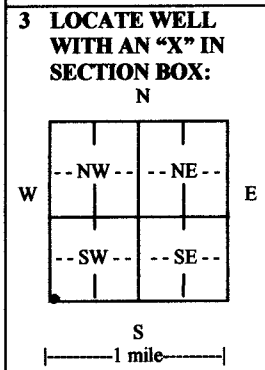
Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Harvey Fraction SW 1/4 SW 1/4 SW 1/4 SW 1/4 Section Number 20 Township No. T 22 S Range Number R 3 [ ] E [x] W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [ ] Global Positioning System (GPS) information: Latitude: .38.11596 Longitude: 097.68384 Elevation: 1363 Datum: [ ] WGS 84, [ ] NAD 83, [x] NAD 27

2 WATER WELL OWNER: Equus Beds GMD 2 RR#, Street Address, Box #: 313 Spruce Street City, State, ZIP Code : Halstead, Kansas 67056 Collection Method: [x] GPS unit (Make/Model: Garmin csx) [ ] Digital Map/Photo, [x] Topographic Map, [ ] Land Survey Est. Accuracy: [ ] <3 m, [x] 3-5 m, [ ] 5-15 m, [ ] >15 m



3 LOCATE WELL WITH AN 'X' IN SECTION BOX: N E W E S 1 mile 4 DEPTH OF COMPLETED WELL 150 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 Bore Hole Diameter 6.....in. to 150.....ft., and .....in. to .....ft. WELL WATER TO BE USED AS: [ ] Public water supply [ ] Geothermal [ ] Injection well [ ] Domestic [ ] Feedlot [ ] Oil field water supply [ ] Dewatering [x] Other (Specify below) [ ] Irrigation [ ] Industrial [ ] Domestic-lawn & garden [ ] Monitoring well [ ] Observation well Was a chemical/bacteriological sample submitted to Department? [ ] Yes [x] No If yes, mo/day/yr sample was submitted..... Water well disinfected? [ ] Yes [x] No

5 TYPE OF CASING USED: [ ] Steel [x] PVC [x] Other Galvanized CASING JOINTS: [ ] Glued [ ] Clamped [ ] Welded [ ] Threaded Casing diameter 2..... in. to 7..... ft., Diameter 2..... in. to 140..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 36..... in., Weight SCH.40.....lbs./ft., Wall thickness or gauge No. 154 TYPE OF SCREEN OR PERFORATION MATERIAL: [ ] Steel [ ] Stainless Steel [x] PVC [ ] Other (Specify) [ ] Brass [ ] Galvanized Steel [ ] None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: [ ] Continuous slot [ ] Mill slot [ ] Gauze wrapped [ ] Torch cut [ ] Drilled holes [ ] None (open hole) [ ] Louvered shutter [ ] Key punched [ ] Wire wrapped [x] Saw cut [ ] Other (specify) SCREEN-PERFORATED INTERVALS: From 140..... ft. to 150..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From 150..... ft. to 135..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: [x] Neat cement [ ] Cement grout [x] Bentonite [ ] Other Grout Intervals: From 135..... ft. to 132..... ft., From 132..... ft. to 6..... ft., From 6..... ft. to 0..... ft. What is the nearest source of possible contamination: [ ] Septic tank [ ] Lateral lines [ ] Pit privy [ ] Livestock pens [ ] Insecticide storage [x] Other (specify below) [ ] Sewer lines [ ] Cesspool [ ] Sewage lagoon [ ] Fuel storage [ ] Abandoned water well [ ] Watertight sewer lines [ ] Seepage pit [ ] Feedyard [ ] Fertilizer storage [ ] Oil well/gas well none Direction from well ..... Distance from well .....

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows include: 0-3 Sandy top soil, 3-35 Light brown clay, 35-43 Fine sugar sand, 43-85 Gr. cly. f to sm snd mix 40/60, 85-85 1/2 Whitish gray clay, 85 1/2-95 Whitish gr cly f to sm snd mix 60/40, 95-110 Tn cly-f. snd mix 40/60, 110-125 Fine sugar sand, 125-150 Fine snd w/pcs. of green shale & pcs. of soft green clay

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was [x] constructed, [ ] reconstructed, or [ ] plugged under my jurisdiction and was completed on (mo/day/year) 09-23-09..... 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/year) 10-1-09..... under the business name of Rosencrantz-Bemis Ent. .... by (signature) .....

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.