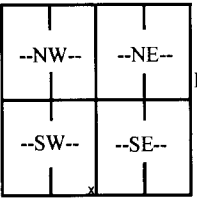
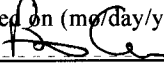


1 LOCATION OF WATER WELL: County: Harvey		Fraction <div style="display: flex; justify-content: space-around;">1/4 SE1/4 SE1/4 SW1/4</div>	Section Number 20	Township No. T 22 S	Range Number R 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W																																																																		
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Approximately 0.50 miles south and 5 miles east of Buhler.			Global Positioning System (GPS) information: Latitude: 38.116138 (in decimal degrees) Longitude: -97.675234 (in decimal degrees) Elevation: unknown Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: WAAS <input checked="" type="checkbox"/> GPS unit (Make/Model: WAAS) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m																																																																				
2 WATER WELL OWNER: McPherson Board of Public Utilities RR#, Street Address, Box #: 401 W Kansas City, State, ZIP Code: McPherson, KS 67460																																																																							
3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;"> N W E S 1 mile</div>		4 DEPTH OF COMPLETED WELL 217 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 34.60 ft. below land surface measured on mo/day/yr 09/18/12 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 6 in. to 220 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Observation Well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																					
5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded Casing diameter 2 in. to 194 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 36 in., Weight .703 lbs./ft., Wall thickness or gauge No. .154 TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 194 ft. to 214 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 185 ft. to 220 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																							
6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Intervals: From 0 ft. to 3 ft., From 17 ft. to 160 ft., From 3 - 17 ft. 160 - 185 ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input checked="" type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well None Known Direction from well _____ Distance from well _____																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>Topsoil</td><td>58</td><td>59</td><td>Clay, gray</td></tr><tr><td>2</td><td>6</td><td>Clay, dark brown</td><td>59</td><td>65</td><td>Sand, fine to coarse, gray clay streaks</td></tr><tr><td>6</td><td>14</td><td>Clay, tan</td><td>65</td><td>70</td><td>Clay, white</td></tr><tr><td>14</td><td>15</td><td>Sand, very fine</td><td>70</td><td>89</td><td>Sand, fine to coarse, white, tan clay streaks</td></tr><tr><td>15</td><td>33</td><td>Clay, gray</td><td>89</td><td>100</td><td>Clay, white, tan</td></tr><tr><td>33</td><td>39</td><td>Sand, fine to coarse</td><td>100</td><td>105</td><td>Clay, white, tan, sand streaks</td></tr><tr><td>39</td><td>51</td><td>Sand, fine to coarse, gray clay streaks</td><td>105</td><td>110</td><td>Sand, fine to coarse</td></tr><tr><td>51</td><td>55</td><td>Clay, gray, sand streaks</td><td>110</td><td>115</td><td>Sand, fine to coarse, white clay streaks</td></tr><tr><td>55</td><td>58</td><td>Sand, fine to coarse, some medium</td><td>115</td><td>119</td><td>Clay, white, tan</td></tr><tr><td></td><td></td><td>gravel</td><td>119</td><td>127</td><td>Clay, white, tan, sand streaks</td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	2	Topsoil	58	59	Clay, gray	2	6	Clay, dark brown	59	65	Sand, fine to coarse, gray clay streaks	6	14	Clay, tan	65	70	Clay, white	14	15	Sand, very fine	70	89	Sand, fine to coarse, white, tan clay streaks	15	33	Clay, gray	89	100	Clay, white, tan	33	39	Sand, fine to coarse	100	105	Clay, white, tan, sand streaks	39	51	Sand, fine to coarse, gray clay streaks	105	110	Sand, fine to coarse	51	55	Clay, gray, sand streaks	110	115	Sand, fine to coarse, white clay streaks	55	58	Sand, fine to coarse, some medium	115	119	Clay, white, tan			gravel	119	127	Clay, white, tan, sand streaks
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 09/18/12 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) 09/26/12 under the business name of Clarke Well & Equipment, Inc. 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 .																																																																							

WATER WELL RECORD**Form WWC-5**Division of Water Resources App. No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township No.	Range Number
County: Harvey	$\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$	20	T 22 S	R 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
127	133	Clay, white, tan			
133	215	Sand, fine to coarse, some medium gravel			
215	220	Shale, black, red, gray			

RECEIVED

OCT 15 2012

KS GEO SURVEY