

WATER WELL RECORD

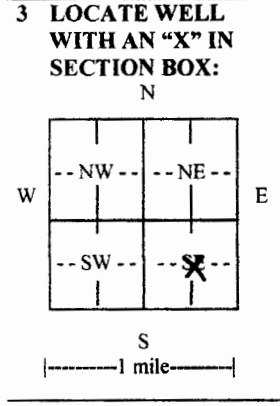
Form WWC-5

Division of Water Resources App. No.

25,342

1 LOCATION OF WATER WELL: County: Pawnee Fraction 1/4 1/4 NC 1/4 SE 1/4 Section Number 17 Township No. T 23 S Range Number R 16 [] E [X] W Street/Rural Address of Well Location: 1/2 South, 1/2 West of Zook

2 WATER WELL OWNER: Benny Bowman RR#, Street Address, Box #: 453 K19 Hwy S City, State, ZIP Code : Lamed, KS 67550 Global Positioning System (GPS) information: Latitude: .38,04723 Longitude: 099.10034



3 LOCATE WELL WITH AN 'X' IN SECTION BOX: 4 DEPTH OF COMPLETED WELL 60 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 28..... ft. below land surface measured on mo/day/yr. 1-20:16..... Pump test data: Well water was 41..... ft. after 3..... hours pumping 643..... gpm EST. YIELD 750..... gpm. Well water was 43..... ft. after 3 1/2..... hours pumping 750..... gpm

5 TYPE OF CASING USED: [] Steel [X] PVC [] Other CASING JOINTS: [X] Glued [] Clamped [] Welded [] Threaded Casing diameter .16..... in. to .60..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface .18..... in., Weight Sch.40..... lbs./ft., Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: [] Steel [X] Stainless Steel [] 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...57..... ft. to...37..... ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From...60..... ft. to...20..... ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: [] Neat cement [] Cement grout [X] Bentonite [] Other Grout Intervals: From..... ft. to..... ft., From 20..... ft. to 0..... ft., From..... ft. to..... 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.....

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|----|----------------------------|------|----|------------------------------------------|
| 0 | 2 | Top soil | | | |
| 2 | 13 | Tan clay & caliche | | | |
| 13 | 15 | Fine sand | | | |
| 15 | 22 | Gray & tan clay | | | |
| 22 | 35 | Sand & gravel- fine to med | | | |
| 35 | 40 | Fine sand | | | |
| 40 | 50 | Sand & gravel- med, loose | | | |
| 50 | 60 | Tan 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) 2-19-16..... 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) 2-25-16..... under the business name of ..Rosencrantz Bemis Ent Inc..... by (signature) ..Dora Akop.....

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. 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