

WATER WELL RECORD

Form WWC-5

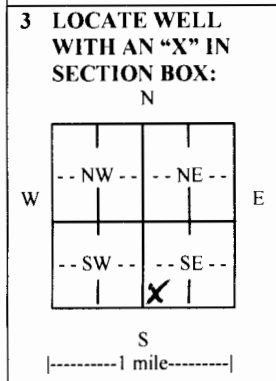
Division of Water Resources App. No.

[Empty box for application number]

1 LOCATION OF WATER WELL: County: Finney, Fraction: 1/4 SW 1/4 SW 1/4 SE 1/4, Section Number: 31, Township No.: T 23 S, Range Number: R 32 [ ]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 [X]. Global Positioning System (GPS) information: Latitude: ..., Longitude: ..., Elevation: ..., Datum: [ ] WGS 84, [ ] NAD 83, [ ] NAD 27, Collection Method: [ ] GPS unit, [ ] Digital Map/Photo, [ ] Topographic Map, [ ] Land Survey, Est. Accuracy: [ ] <3 m, [ ] 3-5 m, [ ] 5-15 m, [ ] >15 m

2 WATER WELL OWNER: Preferred Aq Services Inc. RR#, Street Address, Box #: 535 E. US Hwy 50 Bvd City, State, ZIP Code : Garden City, KS 67846



3 LOCATE WELL WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL 305 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 150 ft. below land surface measured on mo/day/yr..... Pump test data: Well water was N/A.....ft. after Air..... hours pumping. Lift..... gpm EST. YIELD 100 gpm. Well water was.....ft. after..... hours pumping..... gpm Bore Hole Diameter 11 in. to 305 ft., and .....in. to .....ft. WELL WATER TO BE USED AS: [ ] Public water supply [ ] Geothermal [ ] Injection well [X] Domestic [ ] Feedlot [ ] Oil field water supply [ ] Dewatering [ ] Other (Specify below) [ ] Irrigation [ ] Industrial [ ] Domestic-lawn & garden [ ] Monitoring well Was a chemical/bacteriological sample submitted to Department? [ ] Yes [X] No If yes, mo/day/yr sample was submitted..... Water well disinfected? [X] Yes [ ] No

5 TYPE OF CASING USED: [ ] Steel [X] PVC [ ] Other CASING JOINTS: [X] Glued [ ] Clamped [ ] Welded [ ] Threaded Casing diameter .6 in. to .245 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 18 in., Weight 200 lbs./ft., Wall thickness or gauge No. SDR21 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 [X] Mill slot [ ] Gauze wrapped [ ] Torch cut [ ] Drilled holes [ ] None (open hole) [ ] Louvered shutter [ ] Key punched [ ] Wire wrapped [ ] Saw cut [ ] Other (specify) SCREEN-PERFORATED INTERVALS: From 245 ft. to 305 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From 25 ft. to 305 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: [ ] Neat cement [ ] Cement grout [X] Bentonite [ ] Other Grout Intervals: From 5 ft. to 25 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: [X] Septic tank [ ] Lateral lines [ ] Pit privy [ ] Livestock pens [ ] Insecticide storage [ ] 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 Direction from well West Distance from well 120

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top Soil	228	254	Medium to Coarse Sand Small Gravel
2	27	Brown Sandy Clay			with Few Brown Clay Streaks
27	55	Medium Sand	254	302	Medium to Coarse Sand, Small Gravel
55	65	Brown Clay	302	305	Light Yellow Soap Stone
65	85	Medium to Coarse Sand, small Gravel			
85	109	Brown Clay			
109	120	Brown Clay, Gypsum			
120	155	Brown Clay			
155	215	Medium to Coarse Sand, Small Gravel			
215	228	Brown 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) 4-12-16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 532 This Water Well Record was completed on (mo/day/year) 4-20-16 under the business name of Midwest Well & Pump 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.