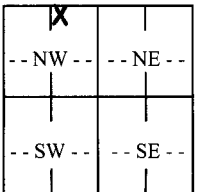


WATER WELL RECORD MW-6R Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL: County: <u>Reno County</u>		Fraction <u>NW 1/4 NE 1/4 NW 1/4</u>	Section Number <u>6</u>	Township Number <u>T 23 S</u>	Range Number <u>R 5 E 10</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Former TPI 9058 Hutchinson</u> <u>703 East 30th Ave Kansas</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>N 38° 5' 9.6"</u> Longitude: <u>W 97° 55' 0.2"</u> Elevation: _____ Datum: _____ Data Collection Method: <u>Garmin</u>		
2 WATER WELL OWNER: <u>MRP Properties Co</u> RR#, St. Address, Box # : <u>5590 Havana St.</u> City, State, ZIP Code : <u>Denver CO 80239</u>					

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S		4 DEPTH OF COMPLETED WELL <u>20</u> ft.			
		Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.			
		WELL'S STATIC WATER LEVEL <u>13.89</u> ft. below land surface measured on mo/day/yr. <u>1/22/09</u> .			
		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) <u>10 Monitoring well</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/ysr			
		Sample was submitted..... <u>N/A</u> Water well disinfected? Yes No <u>X</u>			

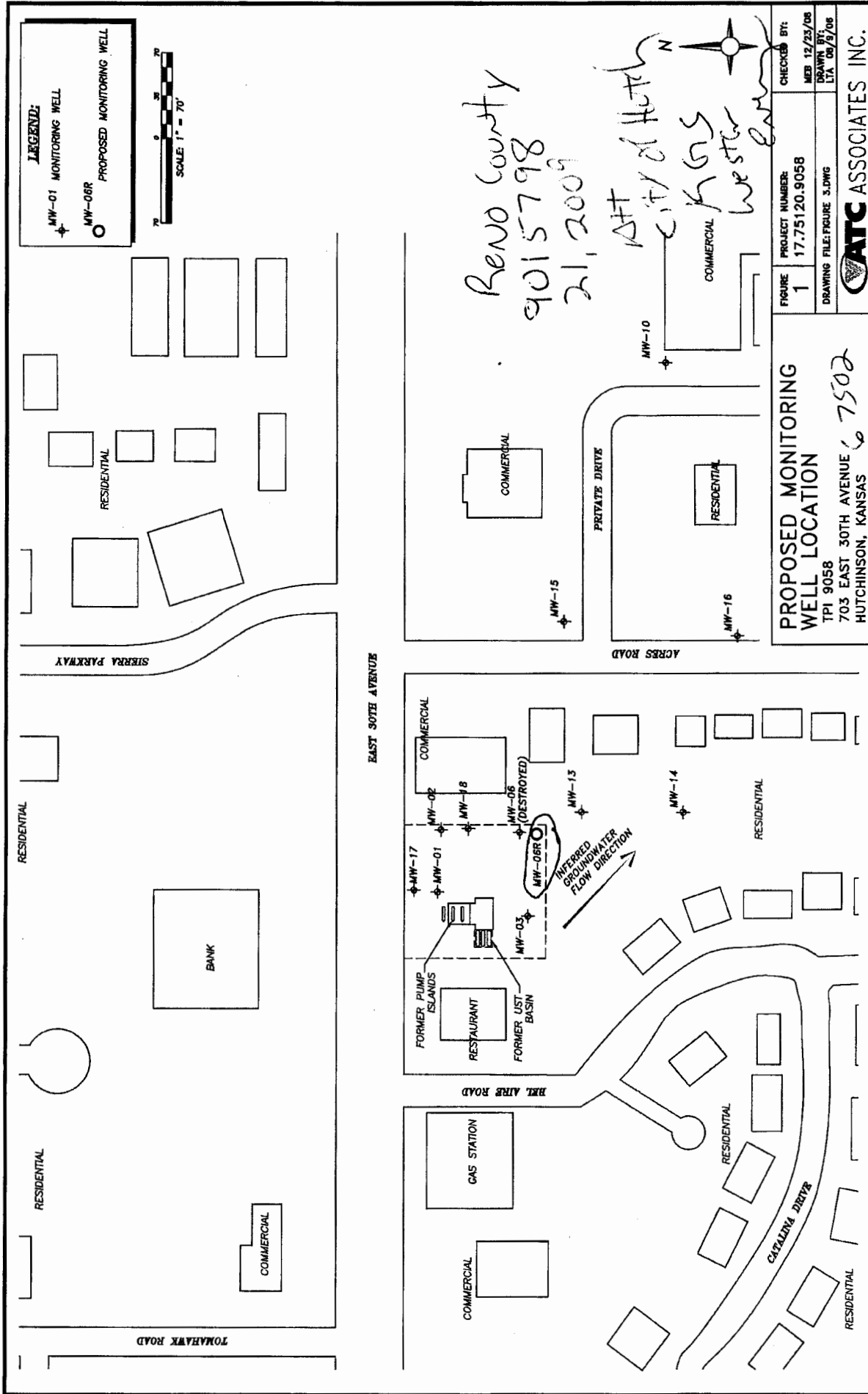
5 TYPE OF CASING USED:		5 Wrought Iron		8 Concrete tile	CASING JOINTS: Glued..... Clamped.....
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded.....
<u>2 PVC</u>		4 ABS	7 Fiberglass		<u>Threaded</u>
Blank casing diameter <u>2</u> in. to <u>10</u> ft., Diameter..... in. to ft., Diameter..... in. to ft.					
Casing height above land surface..... <u>0</u> in., Weight.....lbs./ft.				Wall thickness or gauge No. <u>Sch 40</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless Steel	5 Fiberglass	<u>PVC</u>	9 ABS
2 Brass		4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement
					11 Other (Specify)
					12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>3 Mill slot</u>	5 Gauzed wrapped	7 Torch cut	9 Drilled holes
2 Louvered shutter		4 Key punched	6 Wire wrapped	8 Saw cut	10 Other (specify)
SCREEN-PERFORATED INTERVALS: From..... <u>10</u> ft. to <u>20</u> ft., From..... ft. to ft.					
GRAVEL PACK INTERVALS: From..... <u>8</u> ft. to <u>20</u> ft., From..... ft. to ft.					

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other.....
Grout Intervals: From..... <u>0</u> ft. to <u>2</u> ft., From..... <u>2</u> ft. to <u>8</u> ft., From..... ft. to ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	<u>10 Livestock pens</u>	13 Insecticide storage
2 Sewer lines		5 Cess pool	8 Sewage lagoon	<u>11 Fuel storage</u>	14 Abandoned water well below
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	5	Med Brown sandy clay, loose, soft, dry no odor			
5	14	Med brown sandy clay, dense, med stiff waxy, moist, no odor			
14	18	Brown, coarse angular sand, well sorted - SATURATED no odor			
18	20	Brown coarse angular sand, well sorted - saturated, slight odor			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 1-21-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 759 This Water Well Record was completed on (mo/day/year) 2-7-09 under the business name of RAZEK Environmental, LLC by (signature) Ann J. Bault

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. Visit us at <http://www.kdheks.gov/waterwell/index.html>.



mw-6R 20' soil
 10' screen
 12' sand

7' Butte
 N 38° S' 9.6"
 W 97° 55' 0.2"