

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

|                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------|----|--------------------|---------------------------------------------------------------|---------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                |      | Fraction                                                                                                                          |                                            | Section Number |    | Township Number    |                                                               | Range Number  |  |
| County: <b>Reno</b>                                                                                                                                                                                                                                                                                      |      | <b>SE ¼ SE ¼ NE ¼</b>                                                                                                             |                                            | <b>22</b>      |    | <b>T 23 S</b>      |                                                               | <b>R 06 W</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>West side of Valley Pride Road, between 6<sup>th</sup> Avenue &amp; Railroad tracks to the north</b>                                                                                               |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 2 WATER WELL OWNER:                                                                                                                                                                                                                                                                                      |      | <b>Reno County</b>                                                                                                                |                                            |                |    |                    |                                                               |               |  |
| RR#, St. Address, Box # :                                                                                                                                                                                                                                                                                |      | <b>206 W. 1<sup>st</sup> Street</b>                                                                                               |                                            |                |    |                    |                                                               |               |  |
| City, State, ZIP Code :                                                                                                                                                                                                                                                                                  |      | <b>Hutchinson, Kansas 67501</b>                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                     |      | 4 DEPTH OF COMPLETED WELL <b>42.5</b> ft. ELEVATION: _____                                                                        |                                            |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      | Depth(s) Groundwater Encountered 1 <b>18</b> 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 <b>8.5</b> in. to <b>45</b> ft. and _____ in. to _____ ft.                                                     |                                            |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                              |                                            |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      | 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                              |                                            |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      | <b>Air Sparge</b>                                                                                                                 |                                            |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      | 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well                                                         |                                            |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ |                                            |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      | Water Well Disinfected? Yes _____ No <b>X</b>                                                                                     |                                            |                |    |                    |                                                               |               |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                             |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                               |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 7 Fiberglass _____ Threaded <b>Flush</b>                                                                                                                                                                                                                                                                 |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| Blank casing diameter <b>2</b> in. to <b>40.5</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                              |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                  |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____                                                                                                                                                                                                                               |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) _____                                                                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                      |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                                                                                                                                                             |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 7 Torch cut 10 Other (specify) _____                                                                                                                                                                                                                                                                     |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| SCREEN-PERFORATED INTERVALS: From <b>40.5</b> 39.5 <b>42.5</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                           |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| GRAVEL PACK INTERVALS: From <b>39.5</b> ft. to <b>42.5</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                               |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <b>Bentonite Grout</b>                                                                                                                                                                                                                |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| Grout intervals From <b>1</b> ft. to <b>37.5</b> ft. From <b>37.5</b> ft. to <b>39.5</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                 |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                    |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well                                                                                                                                                                                                                      |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 2 Sewer lines 6 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well                                                                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____                                                                                                                                                                                                   |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                   |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| FROM                                                                                                                                                                                                                                                                                                     | TO   | CODE                                                                                                                              | LITHOLOGIC LOG                             | FROM           | TO | PLUGGING INTERVALS |                                                               |               |  |
| 0                                                                                                                                                                                                                                                                                                        | 6    |                                                                                                                                   | Lean Clay, dark brown                      |                |    |                    |                                                               |               |  |
| 6                                                                                                                                                                                                                                                                                                        | 13   |                                                                                                                                   | Lean Clay, red brown                       |                |    |                    |                                                               |               |  |
| 13                                                                                                                                                                                                                                                                                                       | 13.5 |                                                                                                                                   | Sandy Clay, rusty brown                    |                |    |                    |                                                               |               |  |
| 13.5                                                                                                                                                                                                                                                                                                     | 35   |                                                                                                                                   | Sand, brown, fine to med. grained, rounded |                |    |                    |                                                               |               |  |
| 35                                                                                                                                                                                                                                                                                                       | 42.5 |                                                                                                                                   | Gravel, med. to coarse                     |                |    |                    |                                                               |               |  |
| 42.5                                                                                                                                                                                                                                                                                                     | 45   |                                                                                                                                   | Silty Clayey Sand                          |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    | Don Taylor was contacted on 12-07-04 regarding this late form |               |  |
|                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
|                                                                                                                                                                                                                                                                                                          |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>12-15-02</b> and this record is true to the best of my knowledge and belief. Kansas                                |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>12-10-04</b>                                                                                                                                                                                       |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| under the business name of <b>Geotechnical Services, Inc.</b> by (signature) _____                                                                                                                                                                                                                       |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |      |                                                                                                                                   |                                            |                |    |                    |                                                               |               |  |

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