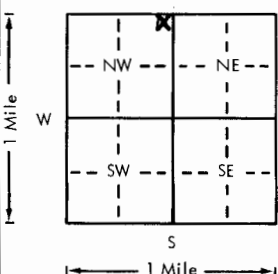


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

|   |  |   |   |  |                                      |   |
|---|--|---|---|--|--------------------------------------|---|
| 1. Location of well:  |  | County<br><b>Reno</b>                                     | Fraction<br><b>NE 1/4 NE 1/4 NW 1/4</b> | Section number<br><b>22</b>  | Township number<br><b>T 23 S R 6</b> | Range number<br><b>6</b>  |
| 2. Distance and direction from nearest town or city:<br><i>1 mi. W. of S. Hutchinson</i><br>Street address of well location if in city: |  |   |   | 3. Owner of well:<br><b>Cities Service Oil Co.</b><br>R.R. or street:<br><b>S. Hutchinson, Ks. 67505</b><br>City, state, zip code:   |                                      |   |
| 4. Locate with "X" in section below:  |  | Sketch map:   |   | 6. Bore hole dia. <u>10</u> in. Completion date <u>1-2-80</u><br>Well depth <u>98</u> ft.  |                                      |   |
|   |  | Well No. 24   |   | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary  |                                      |   |
| 5. Type and color of material   |  |   |   | From   | To                                   | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other                                  |
| Top soil - sandy  |  |   |   | 0  | 10                                   | 9. Casing: Material <u>PVC</u> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>4</u> lbs./ft.<br>Dia. <u>4</u> in. to <u>98</u> ft. depth Wall thickness: inches or<br>Dia. <u>4</u> in. to <u>98</u> ft. depth gage No. <u>214</u> |
| Sand with clay lens   |  |   |   | 10   | 35                                   | 10. Screen: Manufacturer's name <u>Slotted</u><br>Type <u>PVC</u> Dia. <u>4"</u><br>Slot/gauze <u>20'</u> Length <u>20'</u><br>Set between <u>70</u> ft. and <u>98</u> ft.<br>Gravel pack? <u>yes</u> Size range of material <u>1/8 x 1/2</u>   |
| Fine to med. sand   |  |   |   | 35   | 70                                   | 11. Static water level: <u>18</u> ft. below land surface Date <u>1-2-80</u><br>mo./day/yr.  |
| Med. to coarse gravel   |  |   |   | 70   | 100                                  | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.   |
|   |  |   |   |  |                                      | 13. Water sample submitted: ____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____   |
|   |  |   |   |  |                                      | 14. Well head completion:<br>____ Pitless adapter <u>24</u> inches above grade  |
|   |  |   |   |  |                                      | 15. Well grouted? <u>yes</u><br>With: ____ Neat cement <input checked="" type="checkbox"/> Bentonite ____ Concrete<br>Depth: From <u>0</u> ft. to <u>10</u> ft.   |
|   |  |   |   |  |                                      | 16. Nearest source of possible contamination:<br>ft. <u>100'</u> Direction <u>WEST</u> Type <u>Storage</u><br>Well disinfected upon completion? ____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
|   |  |   |   |  |                                      | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br>____ Submersible ____ Turbine<br>____ Jet ____ Reciprocating<br>____ Centrifugal ____ Other  |
| 18. Elevation:  |  | 19. Remarks:<br><i>Monitor Well for Gas Storage Field</i> |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Layne Western Co. 102</b><br>Business name <u>Wichita</u> License No. <u>1-1086</u><br>Address <u>Kansas</u><br>Signed <u>[Signature]</u> Date <u>1-10-80</u><br>Authorized representative |                                      |   |

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5