WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL

| County: | Fraction | Section Number | Township Number | Range Number |
|---|---|---|---|---|
| Stafford | se ¼ se ¼ ne ¼ | 4 | T 24 S | R 12w E/W |

Distance and direction from nearest town or city? 1½w 1½n Stafford, Ks.

Street address of well if located within city?

2 WATER WELL OWNER: H-30 Drlg Inc.
RR#, St. Address, Box # : 200 N Main
City, State, ZIP Code : Wichita, Ks. 67202

Board of Agriculture, Division of Water Resources
Application Number: unknown

3 DEPTH OF COMPLETED WELL 92 ft. Bore Hole Diameter 8 in. to 92 ft., and ..... in. to ..... ft.

Well Water to be used as:
1 Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)
2 Irrigation 4 Industrial

Well's static water level 24 ft. below land surface measured on 11 month 9 day 78 year

Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm
Est. Yield 60 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

4 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought iron 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below)
2 PVC 4 ABS 7 Fiberglass

Casing Joints: Glued ..... Clamped ..... Welded ..... Threaded .....

Blank casing dia 5 in. to 52 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 12 in., weight 2.8 lbs./ft. Wall thickness or gauge No. sch 40

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 9 ABS 11 Other (specify) ..... 12 None used (open hole)

Screen or Perforation Openings Are:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 8 Saw cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....

Screen-Perforation Dia 5 in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

Screen-Perforated Intervals: From 52 ft. to 92 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From 10 ft. to 92 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grouted Intervals: From 0 ft. to 10 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Lateral lines 4 Cess pool 5 Seepage pit 6 Pit privy 7 Sewage lagoon 8 Feed yard 9 Livestock pens 10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) .....

Direction from well ne How many feet 60 ? Water Well Disinfected? Yes ..... No

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes ..... No

If Yes: Pump Manufacturer's name ..... Model No. ..... HP ..... Volts .....

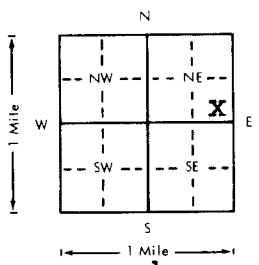
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 11 month 9 day 78 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186

This Water Well Record was completed on 2 month 16 day 80 year under the business name of Kellys Waterwell Serv. by (signature) Kelly Price

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:




ELEVATION: unknown

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|---|---|---|---|---|---|
| 0 | 30 | Top Soil-Clay | | | |
| 30 | 45 | Sand-Clay | | | |
| 45 | 92 | Sand-Gravel-Clay | | | |

Depth(s) Groundwater Encountered 1. 30 ft. 2. ..... ft. 3. ..... ft. 4. ..... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 24 R 12 E/W SEC. 4 SE ¼ SE ¼ NE ¼