WATER WELL RECORD Form WWC-5

Division of Water Resources; App. No.

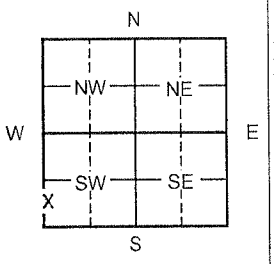
1 LOCATION OF WATER WELL: County: Finney | Fraction: NW ¼ SW ¼ SW ¼ | Section Number: 16 | Township Number: T 24 S | Range Number: R 32 W

Distance and direction from nearest town or city street address of well if located within city? Hwy 50 & Campus Dr., Garden City, KS 67846

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: N 37.96268°
Longitude: W 100.84628°
Elevation: RIM: 2825.90; TOC: 2825.64
Datum: WGS84
Data Collection Method: legal survey

2 WATER WELL OWNER: KDHE
RR#, St. Address, Box # : 1000 SW Jackson
City, State, ZIP Code : Topeka, KS 66612

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 73 ft.
MW18D
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL 59.91 ft. below land surface measured on mo/day/yr 5/26/11
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 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10) Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes ____ No X ; If yes, mo/day/yrs Sample was submitted _____ Water Well Disinfected? Yes ____ No X

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) (2) PVC 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued ____ Clamped ____ Welded ____ Threaded X
Blank casing diameter 4 in. to 8 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height below land surface 0.26 ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____

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

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot (3) Mill slot 5 Gauge wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From 8 ft. to 73 ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 6 ft. to 78 ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other Concrete: 0-2 ft
Grout Intervals From 2 ft. to 6 ft. From _____ ft. to _____ 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 13 Insecticide Storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well
Direction from well? W How many feet? ~60 ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	0.5	Concrete	61	65	Coarse sand w/ gravel, possible trace clay
0.5	7	Dark brown silty clay	65	66	Coarse sand w/ gravel & cobble, possible trace clay
7	10	Fine-med brown to orange brown sand			
10	19	Fine-med becoming coarser brown sand	66	78	Coarse sand w/ gravel & cobble
19	20	Fine-med becoming coarser brown sand w/ gravel			
20	35	Med-coarse sand w/ gravel & cobbles			
35	50	Coarse brown sand w/ cobbles & gravel			
50	55	Cobble zone, trace coarse sand & gravel			
55	60	Coarse sand w/ gravel & cobble			Flushmount waiver from BOW
60	61	Coarse sand w/ gravel			

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) 5/17/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 6/22/11 under the business name of Larsen & Associates, Inc. by (signature) _____

INSTRUCTIONS: Please fill in blanks 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.

Project Name & Site I.D: U Pump It #207; U1-028-14370

KSA 82a-1212