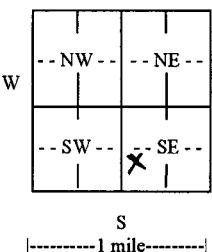


## WATER WELL RECORD

## Form WWC-5

Division of Water Resources App. No.

23,547

<b>1 LOCATION OF WATER WELL:</b> County: GRAY		Fraction 1/4 NW 1/4 SW 1/4 SE 1/4	Section Number 25	Township No. T 25 S	Range Number R 30 E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>					
SOUTHEAST CORNER OF CHARLESTON, 1-1/2 M. S., 1/4 M. E., 1,285 FT. N. & 2,330 FT. W.					
<b>2 WATER WELL OWNER:</b> RR#, Street Address, Box #: 10502 6 ROAD City, State, ZIP Code : INGALLS, KS 67853		<b>Global Positioning System (GPS) information:</b> Latitude: ..... (in decimal degrees) Longitude: ..... (in decimal degrees) Elevation: ..... Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 <b>Collection Method:</b> <input type="checkbox"/> GPS unit (Make/Model: .....) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey <b>Est. Accuracy:</b> <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m			
<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b> N   E W S 1 mile		<b>4 DEPTH OF COMPLETED WELL</b> 180 ft. Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL 68 ft. below land surface measured on mo/day/yr. 3-15-10 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 30 in. to 180 ft. and ..... in. to ..... ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted ..... Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>5 TYPE OF CASING USED:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 16 in. to 85 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. Casing height above land surface 12 in., Weight 42.05 lbs./ft., Wall thickness or gauge No. 250 <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)					
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input checked="" type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) ..... <b>SCREEN-PERFORATED INTERVALS:</b> From 85 ft. to 180 ft., From ..... ft. to ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From 70 ft. to 180 ft., From ..... ft. to ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other ..... <b>Grout Intervals:</b> From 0 ft. to 70 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well <input type="checkbox"/> N/A Direction from well ..... Distance from well .....					
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
SEE ATTACHED LOG					
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 3-15-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 208. This Water Well Record was completed on (mo/day/year) 3-16-10 under the business name of MINTER-WILSON DRLG. CO., INC. by (signature) <u>Nora Keller</u>					
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 6612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each <u>constructed</u> well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .					

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NAME            RENICK BROTHERS - CIRCLE #43  
COUNTY        GRAY  
DATE            1-6-10

LOCATION: SE 1/4 25-25-30 - CHARLESTON - FIRST CIRCLE SOUTH OF BRIDGE  
ON THE EAST SIDE  
- 1,000 FT. WEST OF PIVOT  
N 37 DEGREE - 50.788 FT.  
W 100 DEGREE - 33.834 FT.

#### STATIC WATER LEVEL -

#### TEST #1

0' TO 3' - FINE SAND  
3' TO 6' - BROWN CLAY  
6' TO 76' - FINE TO MEDIUM SAND & GRAVEL - SOME COARSE  
WITH STRIPS OF BROWN CLAY  
76' TO 79' - BROWN CLAY  
79' TO 100' - FINE TO MEDIUM SAND & GRAVEL  
WITH LAYERS OF BROWN CLAY - 30%  
100' TO 128' - BROWN CLAY & BROWN SANDY CLAY LAYERED  
128' TO 153' - FINE TO MEDIUM SAND & GRAVEL  
WITH LAYERS OF BROWN CLAY - 20%  
153' TO 162' - BROWN CLAY WITH STRIPS OF SAND & GRAVEL - 10%  
162' TO 165' - FINE TO MEDIUM SAND & GRAVEL  
165' TO 169' - BROWN & YELLOW CLAY  
169' TO 180' - SHALE