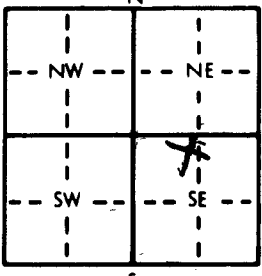


NE NW SE

WATER WELL RECORD

Form WWC-5

KSA 82a-1212

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|--------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>SEDGWICK</b><br>Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Fraction<br><b>NE 1/4 NW 1/4 SE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Section Number<br><b>19</b> | Township Number<br><b>T 26 S</b> | Range Number<br><b>R 31 EW</b> |
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box # :<br>City, State, ZIP Code :<br><b>5110 PAL - MAZE, KS.</b><br><b>LYLE DOWNS</b><br><b>619 PAL</b><br><b>MAZE, KS. 67101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |                                |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 4 DEPTH OF COMPLETED WELL: <b>50</b> ft. ELEVATION:<br>Depth(s) Groundwater Encountered 1. <b>19</b> ft. 2. <b>19</b> ft. 3. <b>5-12-87</b> ft.<br>WELL'S STATIC WATER LEVEL <b>19</b> ft. below land surface measured on <b>5-12-87</b> mo/day/yr<br>Pump test data: Well water was <b>19</b> ft. after <b>19</b> hours pumping <b>20</b> gpm<br>Est. Yield <b>19</b> gpm Well water was <b>19</b> ft. after <b>19</b> hours pumping <b>20</b> gpm<br>Bore Hole Diameter <b>11</b> in. to <b>50</b> ft. and <b>11</b> in. to <b>50</b> ft.<br>WELL WATER TO BE USED AS:<br><input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)<br><input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well<br>Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |                             |                                  |                                |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel <input checked="" type="checkbox"/> 3 RMP (SR)<br>2 PVC <input checked="" type="checkbox"/> 4 ABS<br>Blank casing diameter <b>5</b> in. to <b>50</b> ft. Dia <b>5</b> in. to <b>50</b> ft. Dia <b>5</b> in. to <b>50</b> ft.<br>Casing height above land surface <b>12</b> in. weight <b>1.59</b> lbs./ft. Wall thickness or gauge No. <b>SPR-26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/><br>Welded <input checked="" type="checkbox"/><br>Threaded <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                  |                                |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel <input checked="" type="checkbox"/> 3 Stainless steel <input checked="" type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 8 RMP (SR)<br>2 Brass <input checked="" type="checkbox"/> 4 Galvanized steel <input checked="" type="checkbox"/> 6 Concrete tile <input checked="" type="checkbox"/> 9 ABS <input checked="" type="checkbox"/><br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input checked="" type="checkbox"/> 5 Gauzed wrapped <input checked="" type="checkbox"/> 8 Saw cut <input checked="" type="checkbox"/><br>2 Louvered shutter <input checked="" type="checkbox"/> 4 Key punched <input checked="" type="checkbox"/> 6 Wire wrapped <input checked="" type="checkbox"/> 9 Drilled holes <input checked="" type="checkbox"/><br>3 Torch cut <input checked="" type="checkbox"/> 10 Other (specify) <input checked="" type="checkbox"/><br>SCREEN-PERFORATED INTERVALS: From <b>40</b> ft. to <b>50</b> ft. From <b>40</b> ft. to <b>50</b> ft.<br>GRAVEL PACK INTERVALS: From <b>23</b> ft. to <b>50</b> ft. From <b>23</b> ft. to <b>50</b> ft.                                                                                                                                                                                                                 |  | 10 Asbestos-cement <input checked="" type="checkbox"/><br>11 Other (specify) <input checked="" type="checkbox"/><br>12 None used (open hole) <input checked="" type="checkbox"/><br>11 None (open hole) <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                  |                                |
| 6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input checked="" type="checkbox"/> 4 Other <input checked="" type="checkbox"/><br>Grout Intervals: From <b>3</b> ft. to <b>23</b> ft. From <b>23</b> ft. to <b>50</b> ft. From <b>50</b> ft. to <b>50</b> ft. From <b>50</b> ft. to <b>50</b> ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank <input checked="" type="checkbox"/> 4 Lateral lines <input checked="" type="checkbox"/> 7 Pit privy <input checked="" type="checkbox"/> 10 Livestock pens <input checked="" type="checkbox"/><br>2 Sewer lines <input checked="" type="checkbox"/> 5 Cess pool <input checked="" type="checkbox"/> 8 Sewage lagoon <input checked="" type="checkbox"/> 11 Fuel storage <input checked="" type="checkbox"/><br>3 Watertight sewer lines <input checked="" type="checkbox"/> 6 Seepage pit <input checked="" type="checkbox"/> 9 Feedyard <input checked="" type="checkbox"/> 12 Fertilizer storage <input checked="" type="checkbox"/><br>Direction from well? <b>South</b> How many feet? <b>15</b><br>13 Insecticide storage <input checked="" type="checkbox"/> 14 Abandoned water well <input checked="" type="checkbox"/><br>15 Oil well/Gas well <input checked="" type="checkbox"/> 16 Other (specify below) <input checked="" type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |                                |
| FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                  |                                |
| 0 18 CLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |                                |
| 18 32 FINE SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |                                |
| 32 33 CLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |                                |
| 33 50 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) <b>May 12, 1987</b> and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. <b>3181987</b> This Water Well Record was completed on (mo/day/yr) <b>July 30, 1987</b> under the business name of <b>WENINGER DRILLING</b> by (signature) <b>Jerome W. Wenger</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |                                |
| 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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                  |                                |