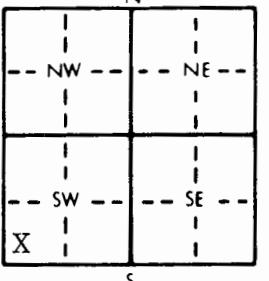


Form WWC-5 KSA 82a-1212

KSA 82a-1212

| | | | | | | |
|--|----|--|---|--|--|--------------------------|
| 1 LOCATION OF WATER WELL: | | Fraction E ¹ XX | Near Center of SW 1/4 SW 1/4 | Section Number 25 | Township Number T 27 S | Range Number R 27 E/W |
| Distance and direction from nearest town or city street address of well if located within city? From NW corner of Ensign - $\frac{1}{2}$ Mile North, $\frac{1}{4}$ Mile East & 1/8th Mile North (West domestic well) | | | | | | |
| 2 WATER WELL OWNER: | | Slocum Trust c/o Howard Thompson Route 1 - Box 181 Rogersville, Missouri 65742 | | | Board of Agriculture, Division of Water Resources Application Number: | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 150 ft. ELEVATION: | | | | |
|  | | Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL dry ft. below land surface measured on mo/day/yr 11-9-94 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 in. to ft. and in. to ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes X No | | | | |
| 5 TYPE OF BLANK CASING USED: | | 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass | 8 Concrete tile 9 Other (specify below) | CASING JOINTS: Glued Clamped Welded Threaded | | |
| Blank casing diameter 4 in. to ft. | | Dia in. to ft. | Dia in. to ft. | | | |
| Casing height above land surface 42 in., weight lbs./ft. | | Wall thickness or gauge No. | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 7 PVC 8 RMP (SR) 9 ABS | 10 Asbestos-cement 11 Other (specify) NA 12 None used (open hole) | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut | 8 Saw cut 9 Drilled holes 10 Other (specify) NA | 11 None (open hole) | | |
| SCREEN-PERFORATED INTERVALS: From NA ft. to ft. | | From NA ft. to ft. | From NA ft. to ft. | | | |
| GRAVEL PACK INTERVALS: From ft. to ft. | | From ft. to ft. | From ft. to ft. | | | |
| 6 GROUT MATERIAL: 1 Neat cement Grout Intervals: From 6 ft. to 3 ft. | | 2 Cement grout From ft. to ft. | 3 Bentonite ft. to ft. From ft. to ft. | 4 Other ft. to ft. From ft. to ft. | | |
| What is the nearest source of possible contamination: | | 7 Pit privy 8 Sewage lagoon 9 Feedyard | 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage How many feet? | 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) NA | | |
| Direction from well? | | | | | | |
| FROM | TO | LITHOLOGIC LOG | | FROM | TO | PLUGGING INTERVALS |
| | | 6 | | 0 | 3 | Top soil |
| | | | | 3 | 150 | Cement Grout |
| 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) 11-9-94 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/yr) 11-25-94 | | | | | | |

OFFICE USE ONLY

E/W SEC

1/4

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under the business name of Minter-Wilson Drilling Co., Inc. by (signature) nora Keller

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

INSTRUCTIONS: Use typewriter or ball point pen. DO NOT use ink. Fill in blanks according to the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001 Telephone 913-296-5545. Send one to **WATER WELL OWNER** and retain one for your records.

3. Please sign and date the following section and attach to the back of this form. Please retain one for your records.

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.