WATER WELL RECORD — Form WWC-5

Division of Water Resources; App. No. 19143

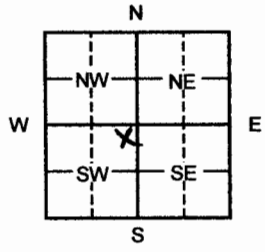
1 LOCATION OF WATER WELL: County: Haskell | Fraction: NE ¼ NE ¼ SW ¼ | Section Number: 18 | Township Number: T 29 S | Range Number: R 33 E/W

Distance and direction from nearest town or city street address of well if located within city? From Sublette, approx. 3 mi. North & 7 mi. West

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: 37.5253
Longitude: 100.9727
Elevation:
Datum:
Data Collection Method: GPS

2 WATER WELL OWNER: Mary Clawson
RR#, St. Address, Box # : Rt 1 Box 65F
City, State, ZIP Code : Satanta, Ks, 67870

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



4 DEPTH OF COMPLETED WELL 663 ft.

Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 350 ft. below land surface measured on mo/day/yr 1/27/2009
Pump test data: Well water was 418 ft. after 4 hours pumping 1172 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 x No ____

5 TYPE OF CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) ____
CASING JOINTS: Glued ____ Clamped ____ Welded x Threaded ____
Blank casing diameter 16 in. to 663 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 12 in., Weight 42 lbs./ft. Wall thickness or gauge No. .250

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

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

SCREEN-PERFORATED INTERVALS: From 408 ft. to 658 ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 663 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 ____
Grout Intervals From 0 ft. to 20 ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.

What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide Storage 14 Abandoned water well 15 Oil well/ gas well 16 Other (specify below) ____
Direction from well? North & East How many feet? 74 & 199

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	41	Brown Sandy Clay			
41	54	Fine to Med. Coarse Sand, Gravel			
54	57	Yellow & Gray Clay			
57	74	Brown Sandy Clay, Couple Sand Beds			
74	81	Fine to Med. Coarse Sand			
81	124	Fine to Med. Coarse Sand, Gravel			
124	134	Brown Sandy Clay			
134	156	Fine-Med Crs Sand, Gravel, Cly Strngrs			
156	189	Fine to Med. Coarse Sand, Sm Gravel			
189	199	Blue Clay			
199	241	Fine to Med. Coarse Sand, Sm Gravel			
241	261	Blue Clay, Few Sand, Strips			
261	290	Fine to Med. Coarse Sand, Sm Gravel			
290	301	Blue Clay, Few Sand Strips			
301	317	Fine to Med. Sand, Few Clay Stringers			
317	400	Fine-Med Crs Sand, Grvl, Cly Strngrs			

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400	432	Fine to Med. Coarse Sand, Clay Strngrs			
432	490	Fine to Med. Sand			
490	543	Fine-Med. Crs Sand, Brwn & Tan Rock			
543	554	Yellow Soapstone			
554	575	Sandstone & Soapstone			
575	615	Sandstone & Few Soapstone			
615	658	Sandstone			
658	663	Red Bed			

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) **1/24/2009** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **145**. This Water Well Record was completed on (mo/day/year) **2/6/2009** under the business name of **Henkle Drilling & Supply Co., Inc.** by (signature) Brian J Reichmuth.

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.