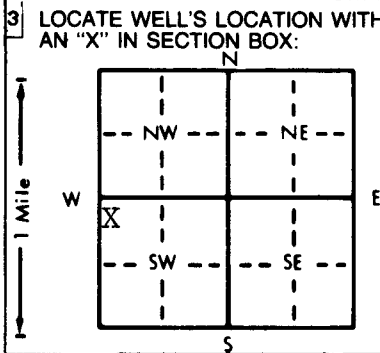


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1] LOCATION OF WATER WELL: County: Stanton	Fraction NW 1/4 NW 1/4 SW 1/4	Section Number 13	Township Number T 30 S	Range Number R 39 E (W)
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Distance and direction from nearest town or city street address of well if located within city?
From southwest corner of Big Bow - 9 miles south, 2 miles east, 2,216 ft. north & 5,234 ft. west

2] WATER WELL OWNER: **Warnock Trust c/o Darrel Driggers**
 RR#, St. Address, Box # : **111 S. Wilson St.**
 City, State, ZIP Code : **Hillsboro, Kansas 67063**
 Board of Agriculture, Division of Water Resources
 Application Number: **767 & 5,268**



4] DEPTH OF COMPLETED WELL: **485** ft. ELEVATION: _____ ft.

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **215** ft. below land surface measured on mo/day/yr **3/31/97**

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 **485** 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
<input checked="" type="radio"/> Irrigation	4 Industrial	7 Lawn and garden only
		9 Dewatering
		10 Monitoring well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No

5] TYPE OF BLANK CASING USED:

<input checked="" type="radio"/> 1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded <input checked="" type="checkbox"/>
		7 Fiberglass		Threaded _____

Blank casing diameter: **16** in. to **230** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight **42.05** lbs./ft. Wall thickness or gauge No. **250**

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input checked="" type="radio"/> 1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<input checked="" type="radio"/> 3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	<input checked="" type="radio"/> 6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **230** ft. to **485** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **485** 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	4 Lateral lines	7 Pit privy	10 Livestock pens	<input checked="" type="radio"/> 14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **Northwest** How many feet? **98 ft. north & 5 ft. west**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		See attached log			

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) **3/31/97** 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) **4/1/97** under the business name of **Minter-Wilson Drilling Co., Inc.** by (signature) *Nora Keeler*

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.