WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. 10288

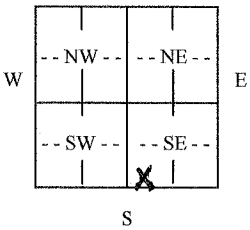
1 LOCATION OF WATER WELL: County: Stevens | Fraction: ¼ SW ¼ SW ¼ SE ¼ | Section Number: 8 | Township No.: T 31 S | Range Number: R 38 ☐E ☑W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.
Approx:22 miles SE of Ullysses, KS

Global Positioning System (GPS) information:
Latitude: 37.35966 (in decimal degrees)
Longitude: 101.47387 (in decimal degrees)
Elevation: 3179
Datum: ☐ WGS 84, ☐ NAD 83, ☑ NAD 27
Collection Method:
☑ GPS unit (Make/Model: Magellan)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER:
RR#, Street Address, Box #: Larry Allen 2324 Delane Dr.
City, State, ZIP Code : Emporia KS. 66801

3 LOCATE WELL WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 431 ft.
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL 288 ft. below land surface measured on mo/day/yr. 6/28/10
Pump test data: Well water was 325 ft. after 4 hours pumping 1348 gpm
EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm
Bore Hole Diameter 24 in. to .....ft., and .....in. to .....ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below)
☑ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well .....
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 CASING USED: ☑ Steel ☐ PVC ☐ Other .....
CASING JOINTS: ☐ Glued ☐ Clamped ☑ Welded ☐ Threaded
Casing diameter 16" in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.
Casing height above land surface 12 in., Weight 42.09 lbs./ft., Wall thickness or gauge No. 250
TYPE OF SCREEN OR PERFORATION MATERIAL:
☑ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) .....
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☑ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☑ Wire wrapped ☐ Saw cut ☐ Other (specify) .....
SCREEN-PERFORATED INTERVALS: From 306 ft. to 366 ft., From ..... ft. to ..... ft.
From 386 ft. to 426 ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 20 ft. to 431 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☑ Bentonite ☐ 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:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well .....
Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0'	2'	Top Soil	317'	330'	sand fine to med course
2'	90'	Brown Sandy Clay	330'	337'	brown clay -sticky-
90'	116'	brwn sndy cly w few lrock & sndstrp	337'	347'	sand fine to med course
116'	152'	snd fn to md crs few sm grvl	347'	350'	brown clay
152'	160'	brwn sndy cly w few snd strps	350'	366'	snd fn to md crs w few cly strngrs
160'	171'	snd fine to md crse	366'	390'	brown clay-sticky-
171'	207	brown clay-sticky-	390'	426'	snd fn to md crs w brwn &tn rock
207'	220'	snd fn to md crs w few cly strngrs	426'	440'	vllw soapstone -cemented-
220'	282'	brown clay -sticky-			
282'	317'	snd fn to md w many cly strngrs			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 6/25/10 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) 7/21/10 under the business name of ..... by (signature) .....

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* 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 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212 Check: ☑ White Copy, ☐ Blue Copy, ☐ Pink Copy