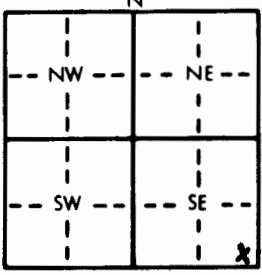


Phyllis #1

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

1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 SE 1/4 Section Number 3 Township Number T 32 S Range Number R 12 E/W
 County: Berber
 Distance and direction from nearest town or city street address of well if located within city? 3

2 WATER WELL OWNER: Theron Krebbich Kansas Ark Co Inc
 RR#, St. Address, Box #: R.R. #1 910 Union Center Bldg
 City, State, ZIP Code: Medicine Lodge, Ks, 67104 Nichite, Ks, 67202 Application Number: T85-1074

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 
 4 DEPTH OF COMPLETED WELL: 50 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 5 ft. below land surface measured on mo/day/yr 3-6-1986
 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 USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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 BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS Glued Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass Threaded _____
 Blank casing diameter 5" in. to 30' ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 3' Below in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From 30 ft. to 50 ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From _____ ft. to _____ 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 _____ ft. to _____ 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 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____

Direction from well? FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG

50	3'	<p>Caseant grout was circ. from 50' To surface with 10 lbs cement.</p> <p>Casing was cut off 3' below grouted and plugged well was covered from 5' below ground to surface with surface silts & clay.</p>			
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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) 3-6-1986 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 3-7-1986 under the business name of Kansas Ark Co Inc by (signature) Phyllis #1

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
R
EW
SEC.