

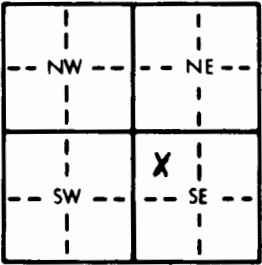
**Lease: Southwest College #1**

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

1 LOCATION OF WATER WELL: Fraction **1/4 C-NW 1/4 SE 1/4** Section Number **25** Township Number **T 32 S** Range Number **R 31 E/W**  
 County: **Seward**

Distance and direction from nearest town or city street address of well if located within city? **From Kismet go 3 1/2 mi N.E. on Hwy 54 turn North across R.R. tracks follow lease road 1/2 mi West & North to location.**

2 WATER WELL OWNER: **Southwest College c/o Thomas Schmittker** **Lowry Exploration**  
 RR#, St. Address, Box #: **Box 36** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Windfield, Kansas** Application Number: **T 84-80**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  DEPTH OF COMPLETED WELL: **300** ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. **102** ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL **198** ft. below land surface measured on mo/day/yr **2/10/84**  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield **60** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter **9** in. to **300** 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 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:  
 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  
 7 Fiberglass Threaded  
 Blank casing diameter **5** in. to **200** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface **28** in., weight **2.85** lbs./ft. Wall thickness or gauge No. **265**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)  
 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 **200** ft. to **300** ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **120** ft. to **300** 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 **10** 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 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? **Northeast of water well.** How many feet? **100'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	surface			
2	19	sandy clay			
19	55	caliche			
55	82	sandy clay			
82	103	caliche			
103	145	medium to large sand			
145	155	clay			
155	202	medium to large sand			
202	228	yellow clay			
228	265	medium to large sand			
265	278	sandy clay			
278	292	medium to large sand			
292	308	yellow clay			

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) **February 10, 1984** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **118** This Water Well Record was completed on (mo/day/yr) **February 16, 1984** under the business name of **Carlile Water Well Service, Inc.** by (signature) *[Signature]*

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.