WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

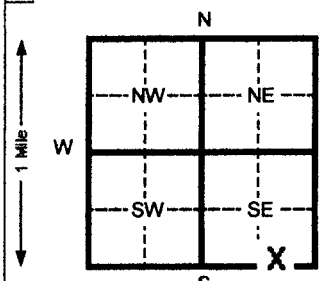
1 LOCATION OF WATER WELL: County: **Norton** | Fraction: **S** 12 **SE** ¼ **SE** ¼ | Section Number: **27** | Township Number: T **4** S | Range Number: R **25** E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Maddy Ranch**
RR#, St. Address, Box # : **% Jim Maddy**
City, State, ZIP Code : **Norton, Ks 67654**

Board of Agriculture, Division of Water Resources
Application Number:

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




4 DEPTH OF COMPLETED WELL **173** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **na** ft. below land surface measured on mo/day/yr _____
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 **8** in. to **180** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: (1) Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted
Water Well Disinfected? Yes **X** No

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass
CASING JOINTS: Glued **X** Clamped _____ Welded _____ Threaded _____
Blank casing diameter **4.5** in. to **133** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**
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 **133** ft. to **173** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **20** ft. to **173** 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 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 **none**
Direction from well? How many feet?

| FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|---|---|---|---|---|---|---|
| 0 | 2 | | Surface | | | w/clay & caliche |
| 2 | 30 | | Loess | 150 | 155 | Clay |
| 30 | 44 | | Clay | 155 | 171 | Fine sd w/clay strks |
| 44 | 48 | | Cemented sd & caliche | 171 | 180 | Yellow ochre |
| 48 | 55 | | Fine sand | | | |
| 55 | 80 | | Clay & caliche | | | |
| 80 | 100 | | Fine sand w/clay strks | | | |
| 100 | 108 | | Fine to some med sd w/clay & caliche | | | |
| 108 | 117 | | Clay & caliche w/sd strks | | | |
| 117 | 127 | | Fine to some med sd w/clay & Caliche | | | |
| 127 | 135 | | Clay & caliche | | | |
| 135 | 150 | | Fine to med sand & small gravel | | | |

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/yr) **6-2-07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **6-29-07**
under the business name of **Woofter Pump & Well Inc.** by (signature) _____

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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