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

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Cloud	near ¼ center ¼ SW ¼	33	T 5 S	R 1 E/W

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

In city limits, Ames, KS

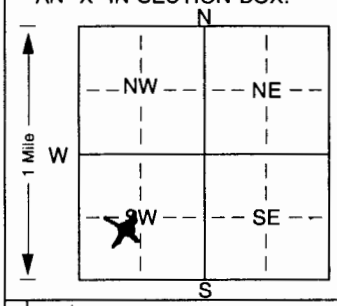
2 WATER WELL OWNER: Debbie Rubert, c/o Gallagher Plumbing

RR#, St. Address, Box # : 318 Washington

City, State, ZIP Code : Clyde, KS 66938

Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF COMPLETED WELL 49 ft. ELEVATION:

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

WELL'S STATIC WATER LEVEL 26 ft. below land surface measured on mo/day/yr 6/8/00

Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm

Est. Yield 20 gpm: Well water was ____ ft. after ____ hours pumping ____ gpm

Bore Hole Diameter 9 in. to 49 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 X Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes ____ No X ; If yes, mo/day/yrs sample was submitted

Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile; 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below); X PVC 4 ABS 7 Fiberglass

CASING JOINTS: Glued X Clamped; Welded; Threaded

Blank casing diameter 5 in. to 39 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.

Casing height above land surface 12 in., weight 2.37 lbs./ft. Wall thickness or gauge No. .214

TYPE OF SCREEN OR PERFORATION MATERIAL: X 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) ____ ft.

SCREEN-PERFORATED INTERVALS: From 39 ft. to 49 ft., From ____ ft. to ____ ft.; From ____ ft. to ____ ft., From ____ ft. to ____ ft.

GRAVEL PACK INTERVALS: From 20 ft. to 49 ft., From ____ ft. to ____ ft.; From ____ ft. to ____ ft., From ____ ft. to ____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X 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: 10 Livestock pens 14 Abandoned water well; X 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well; 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below); 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? West How many feet? 55

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	9	Brown Clay			
9	24	Tan, Silty Clay			
24	30	Very Fine Sand			
30	46	Fine To Medium Sand			
46	49	Gray Clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) X constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6/12/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 138 This Water Well Record was completed on (mo/day/yr) 6/15/00 under the business name of PETERSON IRRIGATION, INC. by (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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.