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

1 LOCATION OF WATER WELL:

	Fraction			Section Number	Township Number	Range Number
County: Cloud	SE ¼	NE ¼	NW ¼	21	T 5 S	R 3 E/(W)

Distance and direction from nearest town or city street address of well if located within city?
3 mi. north of Concordia on Hwy 81

2 WATER WELL OWNER:
RR#, St. Address, Box # : Walther's Oil Company
2599 US Hwy 36
City, State, ZIP Code : Cuba, KS 66940

ASW-2

Board of Agriculture, Division of Water Resources
Application Number:

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

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          N
  -- NW-X--|-- NE --
W         |         E
  -- SW --|-- SE --
          S
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(1 Mile scale on left)

4 DEPTH OF COMPLETED WELL ......40...... ft. ELEVATION: ....1367.22..........
Depth(s) Groundwater Encountered 1................. ft. 2.................. ft. 3...............ft.
WELL'S STATIC WATER LEVEL .... ft. below land surface measured on mo/day/yr ....
Pump test data: Well water was ....NA.... ft. after .... hours pumping .... gpm
Est. Yield ..NA... gpm; Well water was ....ft. after .... hours pumping .... gpm
Bore Hole Diameter ...6.5... in. to ......40......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 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 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 .....2...... in. to ...38... ft, Dia.......... in. to...........ft, Dia..........in. to...........ft.
Casing height above land surface ..... 0 ..... in., weight.....716.......... lbs./ft. Wall thickness or gauge No. 154
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......38......ft to......40........ft, From.................ft to.............ft.
From.................ft to.............ft, From.................ft to.............ft.
GRAVEL PACK INTERVALS: From.....36......ft to......40.......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....32.....ft, From....32.....ft to....36.....ft, From..........ft to...........ft
What is the nearest source of possible contamination: 10 Livestock pens   14 Abandoned water well
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?   How many feet? 0

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Clay,			
10	15	Sand,			
15	40	Clay,			
					ASW2, Tag # 00319339, Flushmount
					Project Name: GP - 81 Texaco
					KDHE # A5 015 40055

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) ....7/23/2003.............. 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) ......4/5/2004......
under the business name of Woofter Pump & Well, 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296 5545. Send one to WATER WELL OWNER and retain one for your records.