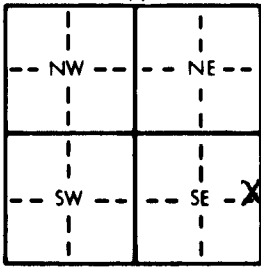


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: GRAHAM Fraction: SE 1/4 NE 1/4 SE 1/4 Section Number: 7 Township Number: T 6 S Range Number: R 25 EW

Distance and direction from nearest town or city street address of well if located within city?  
11 N 1E STUDLEY KS

2 WATER WELL OWNER: HENRY KLEIN  
 RR#, St. Address, Box # : Box 55  
 City, State, ZIP Code : DEMAR, KS 67632  
 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 X 100 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL DRY .... 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 .... in. to .... ft., and .... in. to .... ft.  
 WELL WATER TO BE USED AS:  
 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 sub-  
 mitted Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:  
 Steel    3 RMP (SR)  
 2 PVC    4 ABS  
 5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued ..... Clamped .....  
 6 Asbestos-Cement    9 Other (specify below)    Welded .....  
 7 Fiberglass    Threaded .....  
 Blank casing diameter 5 in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.  
 Casing height above land surface 0 in., weight .... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 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:  
 1 Continuous slot    3 Mill slot    5 Gauzed wrapped    8 Saw cut    11 None (open hole)  
 2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes  
 7 Torch cut    10 Other (specify) .....  
 SCREEN-PERFORATED INTERVALS: From .... ft. to .... ft., From .... ft. to .... ft.  
 From .... ft. to .... 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:  Neat cement     Cement grout    3 Bentonite    4 Other .....  
 Grout Intervals: From X 0 ft. to X 3 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? NORTH How many feet? 75

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			100	50	WASHED 3/11/80
			50	6	CLAY
			6	3	77 FT CEMENT
			3	0	TOP SOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) X 6-27-88 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) X 7-1-88 under the business name of ..... by (signature) X Henry Klein

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.