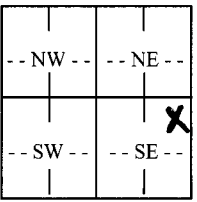


WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Mitchell	Fraction NE ¼ SE ¼ NE ¼	Section Number 35	Township Number T 6 S	Range Number R 9 E/W
Distance and direction from nearest town or city street address of well if located within city? 1 mile East & 1 mile South of Glen Elder, KS		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: City of Glen Elder RR#, St. Address, Box # : 213 S. Market St. City, State, ZIP Code : Glen Elder, KS 67446				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  W E S	4 DEPTH OF COMPLETED WELL 49 ft. Well #6 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL... 19.18 ft. below land surface measured on mo/day/yr... 7/13/07 ... Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield... 75 ...gpm: Well water was.....ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 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 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes <input checked="" type="checkbox"/> No
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5 TYPE OF CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued... <input checked="" type="checkbox"/> ... Clamped.....
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass		Welded.....
				Threaded.....

Blank casing diameter**8**..... in. to**37**..... ft., Diameter. in. to ft., Diameter in. to ft.
Casing height above land surface...**3 ft. (below)**, Weight....**5.72**.....lbs./ft. Wall thickness or guage No.**.500**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	<input checked="" type="checkbox"/> Stainless Steel	5 Fiberglass	7 PVC	9 ABS	11 Other (Specify)
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input checked="" type="checkbox"/> Continuous slot	076 Mill slot	5 Guazed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From.....**37**..... ft. to**49**..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From.....**30**..... ft. to**49**..... ft., From ft. to ft.
From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout Bentonite 4 Other

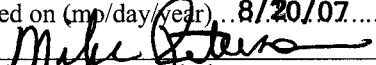
Grout Intervals: From**5**..... ft. to**25**..... ft., From**25**..... ft. to**30**..... ft., From ft. to ft.

What is the nearest source of possible contamination: (**cement**) **none within 1/4 mile** (**bentonite**)

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

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	10	Clay, gray			
10	33.5	Clay, brown			
33.5	36	Clay, gray with sand & gravel			
36	41	Clay, gray			
41	46	Sand & gravel, brown, fine to coarse			
46	49	Sand & gravel, brown, fine to very coarse			
49	51	Shale, gray, hard			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..**8/10/07**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.**138**..... This Water Well Record was completed on (mo/day/year) ..**8/20/07**..... 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.