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

LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Thomas	SE ¼ SE ¼ NW ¼	31	T 7 S	R 33 E (W)

Distance and direction from nearest town or city? 1/4 mile N. of Colby

Street address of well if located within city?

WATER WELL OWNER: Richard J. Grear

RR#, St. Address, Box # : 1335 Lue Dr.

City, State, ZIP Code : Colby, Kansas 67701

Board of Agriculture, Division of Water Resources Application Number:

DEPTH OF COMPLETED WELL 190 ft. Bore Hole Diameter 8 in. to 190 ft., and ..... in. to ..... ft.

Well Water to be used as: (1) Domestic 3 Feedlot 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below) 2 Irrigation 4 Industrial

Well's static water level 84 ft. below land surface measured on 5 month 5 day 81 year

Pump Test Data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield Not tested gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

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 ✓ Clamped ..... Welded ..... Threaded .....

Blank casing dia 5 in. to 170 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 18 in., weight 1 8/10 lbs./ft. Wall thickness or gauge No 1/4 .250

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) ..... 12 None used (open hole)

Screen or Perforation Openings Are: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 6 Wire wrapped 8 Saw cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....

Screen-Perforation Dia 5 in. to 190 ft., Dia ..... in. to ..... ft., Dia ..... in to ..... ft.

Screen-Perforated Intervals: From 5 ft. to 170 ft., From ..... ft. to ..... ft.
From 170 ft. to 190 ft., From ..... ft. to ..... ft.

Gravel Pack Intervals: From 18 ft. to 190 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GROUT MATERIAL: (1) Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grouted Intervals: From 4 ft. to 18 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination: 10 Fuel storage 14 Abandoned water well
(1) Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines

Direction from well NORTH How many feet 118 x 50' MIN. requirement ? Water Well Disinfected? Yes ..... No

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ✓ If yes, date sample was submitted ..... month ..... day ..... year: Pump Installed? Yes ..... No ✓

If Yes: Pump Manufacturer's name ..... Model No. ..... HP ..... Volts .....

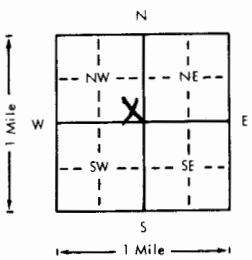
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on Aug. month 5 day 1981 year, 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 Aug. month 12 day 1981 year under the business name of Bartell Drilling by (signature) Dayline Bartell Troupe

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	31	top soil			
31	72	sand & sandy clay			
72	97	sand & sand rock stripes			
97	144	sand rock & sand stripes			
144	154	sand rock hard			
154	187	sand good & sand rock stripes			
187	190	coker & shale			

ELEVATION:

Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft. 4 ..... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T 7 R 33 (W) SEC. 31 SE ¼ SE ¼ NW ¼