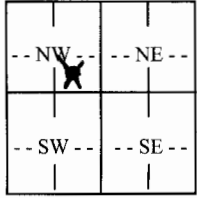


WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: <u>Mitchell</u>	Fraction <u>NW 1/4 SE 1/4 NW 1/4</u>	Section Number <u>9</u>	Township Number <u>T 7 S</u>	Range Number <u>R 7 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>404 Hershey</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>39.46226</u> Longitude: <u>98.10802</u> Elevation: <u>1470</u> Datum: <u>WGS 84</u> Data Collection Method: <u>Hand Held</u>		
2 WATER WELL OWNER: <u>Kyle Hickey</u> RR#, St. Address, Box # : <u>404 Hershey</u> City, State, ZIP Code : <u>Beloit, KS 67420</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  W E S	4 DEPTH OF COMPLETED WELL <u>225</u> ft. 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.....ft. after..... hours pumping..... gpm Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm 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 <u>Other</u> (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well <u>Ground Source</u> 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 No <input checked="" type="checkbox"/>
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5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 2 PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile 9 <u>Other</u> (specify below) <u>H.D.P.E.</u>	CASING JOINTS: Glued..... Clamped..... <u>Welded</u> Threaded.....
Blank casing diameter <u>3.4</u> in. to <u>225</u> ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface <u>60</u> in., Weight lbs./ft. Wall thickness or gauge No. <u>SPR 11</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 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: 1 Continuous slot 3 Mill slot 5 Gauzed 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..... 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 2 Cement grout Bentonite 4 Other Portland cement & sand
Grout Intervals: From 225 ft. to 115 ft., From 115 ft. to 0 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 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 House
Direction from well? West How many feet? 30

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	15	Clay Soil	129	225	Alt Shell
15	28	Sandy shale			
28	32	Limestone			
32	110	Shale Grey			
110	112	Limestone			
112	125	Shale Dark Grey			
125	129	Limestone salt water			
129	175	Alt Shell			
175	179	Hard Limestone			

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) 2/12/09 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 760 This Water Well Record was completed on (mo/day/year) 2/11/09
under the business name of Associated Drilling Co 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, 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.kdheks.gov/waterwell/index.html>.