

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: MITCHELL Fraction NE 1/4 NE 1/4 NW 1/4 Section Number 12 Township Number T 7 S Range Number R 8 NW

2 WATER WELL OWNER: TOM THIESSEN RR#, St. Address, Box #: 820 MEADOWLARK LN. City, State, ZIP Code: BELoit, KS 67420

Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: Longitude: Elevation: Datum: Data Collection Method:

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

4 DEPTH OF COMPLETED WELL 48 ft. Depth(s) Groundwater Encountered (1) 20 ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr. 7/24/08

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 4 Other Grout Intervals: From 0 ft. to 20 ft. From ft. to ft. From ft. to ft.

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include TOPSOIL, CLAY, GRAY, CLAY, SOFT/SANDY, SAND, MEDIUM, SHALE, GREEN.

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) 7/24/08 and this record is true to the best of my knowledge and belief.

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.