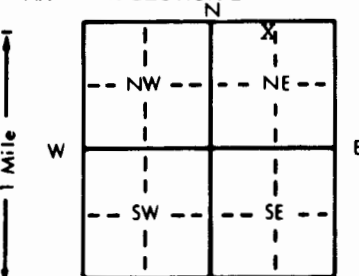


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: **Riley** Fraction: **NE 1/4 NW 1/4 NE 1/4** Section Number: **14** Township Number: **T 10 S** Range Number: **R 7 EW**

Distance and direction from nearest town or city street address of well if located within city?
440' S and 20' W of the intersection of Seth Childs ramp and Anderson Avenue

2 WATER WELL OWNER: **R.A.C. Enterprises**
 RR#, St. Address, Box #: **3003 Anderson Ave. Suite 1001A** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Manhattan, KS 66502** Application Number:

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


4 DEPTH OF COMPLETED WELL: **23** ft. ELEVATION: **approx.**
 Depth(s) Groundwater Encountered: **1. 16** ft. 2. .ft. 3. .ft.
 WELL'S STATIC WATER LEVEL: **16** ft. below land surface measured on **10-15-92**
 Pump test data: Well water was .ft. after .hours pumping .gpm
 Est. Yield: **N/A** gpm: Well water was .ft. after .hours pumping .gpm
 Bore Hole Diameter: **5** in. to **23** ft. and .in. to .ft.
 WELL WATER TO BE USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 **Monitoring well** 11 Injection well 12 Other (Specify below)
 Was a chemical/bacteriological sample submitted to Department? Yes. .No. **X** .; If yes, mo/day/yr sample was submitted

5 TYPE OF BLANK CASING USED:
 1 Steel 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued .Clamped .Welded .Threaded. **X**
 Blank casing diameter: **2** in. to **13** ft. Dia. .in. to .ft. Dia. .in. to .ft.
 Casing height above land surface: **-6** in., weight .lbs./ft. Wall thickness or gauge No. **40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 **Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From: **13** ft. to **23** ft. From .ft. to .ft. From .ft. to .ft.
 GRAVEL PACK INTERVALS: From: **11** ft. to **23.5** ft. From .ft. to .ft. From .ft. to .ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 Bentonite 4 Other
 Grout Intervals: From: **11** ft. to **11** (B) ft. From .ft. to .ft. From .ft. to .ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 **Fuel storage** 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
 Direction from well? **N** How many feet? **approx. 400'**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Sandy Clay Fill			
3	10	Gray Brown Clay			
10	18.5	Gray Silty Clay			
18.5	22.5	Gray Brown Clay w. LS fragments			
22.5	23.5	Gray LS			

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) **10-13-92** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **11-3-92** under the business name of **GeoCore Services, Inc.** by (signature) **Dal Kell**

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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