|  |                   |                    | WELL RECORD             | Form W                                | +              | KSA 82a         |                        |               |                |                |
|--|-------------------|--------------------|-------------------------|---------------------------------------|----------------|-----------------|------------------------|---------------|----------------|----------------|
| 1 LOCATION OF WATER WE   | iLL:              | Fraction           | . 1                     | 1                                     |                | Number          |                        |               | 7              | e Number       |
| County: Shawnee  |                   |                    | NE 14 N                 |                                       | <del></del>    | 20              | T 11                   | <u> </u>      | R /            | 6 €w           |
| Distance and direction from ne                                     |                   | -                  |                         | ated within                           | city?          |                 |                        |               |                |                |
| 101 NE H;  | ghwey Z           | H Top              | seKa, KS                |                                       |                |                 |                        |               |                |                |
| 2 WATER WELL OWNER:  |                   |                    |                         | _                                     |                |                 |                        |               |                |                |
| RR#, St. Address, Box # :  |                   |                    |                         |                                       |                |                 | Board of               | Agriculture [ | Division of V  | Nater Resource |
|  |                   |                    | 7 72175                 |                                       |                |                 |                        | n Number:     |                |                |
| City, State, ZIP Code : 6  |                   |                    |                         | 711                                   |                |                 |                        | -             |                |                |
| LOCATE WELL'S LOCATION AN "X" IN SECTION BOX:                      | N WITH            | DEPTH OF CO        | OMPLETED WELL.          |                                       | 1              | t. ELEVA        | TION:M                 |               |                | <i>.</i>       |
| ALL A IN SECTION BOX   |                   |                    | water Encountered       |                                       |                |                 |                        |               |                |                |
| 7  | X WE              | LL'S STATIC        | WATER LEVEL . !         | 3 ما                                  | ft. belov      | v land sur      | face measured o        | n mo/day/yr   | 7/20           | 2/95           |
|  | .                 | Pump               | test data: Well w       | ater was .                            |                | ft. a           | fter                   | . hours pu    | mping          | gp             |
| NW  NE   | Fet               |                    | gpm: Well w             |                                       |                |                 |                        | •             |                |                |
|  |                   |                    | ter 8.25 in             |                                       |                |                 |                        |               |                |                |
| * W 1 1  | —— EI             |                    |                         |                                       |                |                 |                        |               |                |                |
| 2  | WE                |                    | O BE USED AS:           |                                       | water su       |                 | 8 Air conditionin      | -             |                |                |
| 1 SW SE  |                   | 1 Domestic         | 3 Feedlot               | 6 Oil fie                             | d water        | supply          | 9 Dewatering           | 12            | Other (Spe     | cify below)    |
|  |                   | 2 Irrigation       | 4 Industrial            | 7 Lawn                                | and gard       | en only         | Monitoring we          | II C/MW.      |                |                |
| 1 1 1 1  | Wa                | is a chemical/b    | acteriological sampl    | e submitted                           | to Depa        | rtment? Ye      | esNo                   | , If yes,     | mo/day/yr      | sample was s   |
| <u> </u>   | mit               | ted                |                         |                                       |                | Wa              | ter Well Disinfect     | ed? Yes       | No             | 0              |
| 5 TYPE OF BLANK CASING   |                   |                    | 5 Wrought iron          | 8 (                                   | Concrete       |                 |                        |               | 1              | lamped         |
|  | RMP (SR)          |                    | 6 Asbestos-Cemer        |                                       |                | ecify below     |                        |               |                |                |
|  | ,                 |                    |                         |                                       |                | •               | -                      |               | -              | <b>×</b>       |
|  | ABS<br>7          | . 711              | 7 Fiberglass            |                                       |                |                 |                        |               |                |                |
| Blank casing diameter  | <del></del> in.   | to <del></del> . ! | ft., Dia                |                                       | in. to         |                 | π., Dia                |               | In. to         | ו אר           |
| Casing height above land surf                                      | ace               | . <del>Ο</del>     | in., weight             |                                       |                | Ibs./           | ft. Wall thickness     | or gauge N    | o. SCA         | ٠٠٠٠٠          |
| TYPE OF SCREEN OR PERF   | ORATION M         | ATERIAL:           |                         | (                                     | PVC            |                 | 10 As                  | bestos-ceme   | ent            |                |
| 1 Steel 3  | Stainless ste     | eel                | 5 Fiberglass            |                                       | 8 RMP (        | SR)             | 11 Ot                  | ner (specify) |                |                |
| 2 Brass 4  | Galvanized        | steel              | 6 Concrete tile         |                                       | 9 ABS          |                 | 12 No                  | ne used (op   | en hole)       |                |
| SCREEN OR PERFORATION  | OPENINGS          | ARE.               |                         | uzed wrapp                            | ed             |                 | 8 Saw cut              | ·. •          | •              | (open hole)    |
| 1 Continuous slot  | (3) Mill sl       |                    |                         | re wrapped                            |                |                 | 9 Drilled holes        |               |                | (              |
|  | _                 |                    |                         |                                       |                |                 |                        |               |                |                |
| 2 Louvered shutter   | 4 Key p           | ounched            |                         | rch cut                               |                |                 | 10 Other (speci        | y)            |                |                |
| SCREEN-PERFORATED INTE   |                   |                    | .5 ft. to               |                                       |                |                 |                        |               |                |                |
|  |                   | From               | <u></u> ft. to          | · · · · · · · · · · · · · · · · · · · | .,             | ft., Fro        | m                      | ft. t         | 0 <i></i> .    |                |
| GRAVEL PACK INTI   | ERVALS:           | From !. !          | . <b>5</b> ft. to       |                                       | <del>,</del> 1 | ft., Fro        | m                      | ft. t         | 0              | <i></i>        |
|  |                   | From               | ft. to                  | 1                                     |                | ft., Fro        | m                      | ft. t         | 0              |                |
| 6 GROUT MATERIAL:  | 1 Neat cem        | ent                | 2 Cement grout          |                                       |                |                 |                        |               |                |                |
|  |                   | to 11.5            | ft., From               | 1.5                                   | ft to          | 9               | ft From                |               | ft to          |                |
| What is the nearest source of                                      |                   |                    |                         |                                       |                |                 | tock pens              |               | bandoned v     |                |
| 1 Septic tank  |                   |                    | 7 Dit mains             |                                       |                |                 | •                      | 15 0          |                |                |
| ·  | 4 Lateral li      |                    | 7 Pit privy             |                                       |                | 11 Fuel         | -                      |               |                |                |
| 2 Sewer lines  | 5 Cess poo        |                    | 8 Sewage i              | agoon                                 |                |                 | izer storage           | 16 O          | ther (specif   | y below)       |
| 3 Watertight sewer lines   | 6 Seepage         | pit                | 9 Feedyard              |                                       |                | 13 Insec        | cticide storage        |               |                |                |
| Direction from well? N/A   |                   |                    |                         |                                       |                | How ma          | ny feet? N/A           |               |                |                |
| FROM TO  |                   | LITHOLOGIC I       | LOG                     | FRO                                   | DM _           | ТО              |                        | LUGGING 1     | NTERVALS       | i              |
| 0 0.5 Tops   | soil, l'al        | nt brown           |                         | (                                     | 2              | 3               | Natural F              | 111           |                |                |
|  |                   |                    | rk brown                | 3                                     | 3              |                 | Bentonite              |               |                |                |
|  | + , brow          |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   | dark b             | \mu.ic                  |                                       |                |                 |                        |               |                |                |
| 40   |                   |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   |                    | grayish brow            |                                       |                |                 |                        |               |                |                |
| 17 24 Ven  | y time s          | iand, Sta          | ined dark gi            | ray                                   |                |                 |                        |               |                |                |
|  |                   |                    |                         |                                       |                |                 | ***                    |               |                |                |
|  |                   |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   |                    |                         |                                       |                |                 |                        |               |                |                |
|  |                   |                    |                         |                                       |                |                 |                        |               |                |                |
| 7 CONTRACTOR'S OR LAN  | DOWNED'S          | CEDTIEICATI        | ON: This water wall     | Was /1\ ar                            | netruete       | 1 (2) *****     | postructed or @        | nlugged upo   | ler my jurie   | diction and u  |
| CONTRACTORS OF LAN   | G /12             | /91                | ON. THIS Water Well     | was (I) Co                            | nistructe(     | ı, (∠) recc     | onstructed, or (3)     | FINANCE INC   | and my juris   | d ballet 1/2   |
| completed on (mo/day/year) .                                       |                   |                    |                         |                                       |                |                 |                        |               |                | a bellet. Kans |
| Water Well Contractor's Licens                                     |                   |                    |                         | Well Reco                             | rd was c       |                 |                        | 1.4.31        |                |                |
| under the business name of   | Layne C           | hnistensen         | Company                 |                                       |                | by (signa       | iture)                 |               | <i>N</i> <     | ate Baldwin    |
| INSTRUCTIONS: Use typewriter o<br>of Health and Environment, Burea | r ball point pen. | PLEASE PRESS FI    | RMLY and PRINT clearly. |                                       |                | rline or circle | e the correct answers. |               | copies to Kans |                |