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

1 LOCATION OF WATER WELL:

County:	Fraction	Section Number	Township Number	Range Number
DICKINSON	NE ¼ NW ¼ SE ¼	17	T 13 S	R 2 (E) W

Distance and direction from nearest town or city street address of well if located within city?
700 N WASHINGTON ABILENE KS

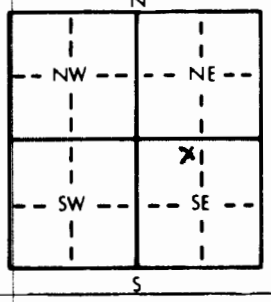
2 WATER WELL OWNER: V*B INTERIM INC

RR#, St. Address, Box # : 700 N WASHINGTON

City, State, ZIP Code : ABILENE KS 67410

Board of Agriculture, Division of Water Resources Application Number: MW 59

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



4 DEPTH OF COMPLETED WELL 29 ft. ELEVATION:

Depth(s) Groundwater Encountered 1 ..... ft. 2. ..... ft. 3. ..... ft.

WELL'S STATIC WATER LEVEL 24 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

Bore Hole Diameter 8 in. to 29 ft., and ..... in. to ..... ft.

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 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only (10 Monitoring well) .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ✓; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No ✓

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....
(2 PVC) 4 ABS 7 Fiberglass ..... Threaded ✓

Blank casing diameter 2 in. to 19 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.

Casing height above land surface 30 in., weight ..... lbs./ft. Wall thickness or gauge No. .....

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

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3 Mill slot) 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From 19 ft. to 29 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From 17 ft. to 29 ft., From ..... ft. to ..... 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 0 ft. to 17 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Direction from well? WITHIN SITE How many feet? WITHIN SITE

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	16	SILTY CLAY			
16	TD	FINE SILTY SAND			
		W/ SOME CLAY			

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) 1/30/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102W This Water Well Record was completed on (mo/day/yr) 1/30/93 under the business name of LAYNE 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼