

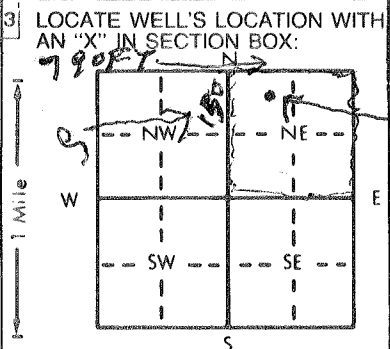
WATER WELL NO 3

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

1 LOCATION OF WATER WELL: County: MORRIS Fraction 1/4 W 1/2 1/4 NE 1/4 Section Number 2 WEST 1/2 Township Number T15 N E 1/4 S Range Number R 8 E/W

Distance and direction from nearest town or city street address of well if located within city?
ALTA VISTA KAN 6 1/2 S 1/2 E

2 WATER WELL OWNER: LESTER PASTERLINE AND ELDO CASTERLINE
RR#, St. Address, Box #: RFD 2 BOX 28 Board of Agriculture, Division of Water Resource
City, State, ZIP Code: ALTA VISTA KAN. 66834 Application Number: 10 APR 1992



4 DEPTH OF COMPLETED WELL: 70 ft. ELEVATION:
Depth(s) Groundwater Encountered: 1 NONE ft. 2 NONE ft. 3 NONE ft.
WELL'S STATIC WATER LEVEL: DRY ft. below land surface measured on mo/day/yr: DRY DEC 11 1992
WELL 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. in. to _____ ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS:
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:
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile NA CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
7 Fiberglass NA Threaded _____
Blank casing diameter _____ in. to _____ ft., Dia. NA in. to _____ ft., Dia. _____ in. to _____ ft.
Casing height above land surface: TORE OUT in., weight _____ lbs./ft. Wall thickness or gauge No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile NA 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot NA 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
2 Louvered shutter 4 Key punched NA 6 Wire wrapped 9 Drilled holes
7 Torch cut 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals: From PLUG ft. MUSHROOM ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination: YARD DRAIN RAIN BLIND 50 FT Livedock 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)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		WELL IS 70 FT DEEP IT HAS PIPE AND CYLINDER IN IT			
		BACK HOED U2 6 FT TO SOLID ROCK			
		3 FT MUSHROOM PLUG DIRT 3 FT			
		FROM 1/2 MILE LINE 790 FT EAST 140 FT S. UTH OF CENTER ROAD			
		MAILED DEC 14 1992			

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) DEC 11 1992 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1500 This Water Well Record was completed on (mo/day/yr) DEC 11 1992 under the business name of _____ by (signature) LESTER PASTERLINE

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.