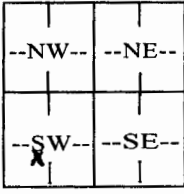


WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: Marion	Fraction NE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 11	Township Number T 18 S	Range Number R 4 E
Distance and direction from nearest town or city street address of well if located within city? HWY 56; Lincolnville, KS		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: Agri-Producers Co-op RR#, St. Address, Box # 502 W. 6th City, State, ZIP Code Lincolnville, KS 66858				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S W E	4 DEPTH OF COMPLETED WELL 93 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 50.8 K below land surface measured on mo/day/yr 2-24-06 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm 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 Domestic (lawn& garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____
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5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) <input checked="" type="radio"/> 2 PVC 4 ABS Blank casing diameter 5 in. to 85 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 24 in., Weight _____ lbs./ft. Wall thickness or gauge No. SCH160	5 Wrought Iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ Welded _____ Threaded _____
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <input checked="" type="radio"/> 7 PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="radio"/> 5 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____		
SCREEN-PERFORATED INTERVALS: From 93 ft. to 85 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 99 ft. to 94 ft., From _____ ft. to _____ ft. From 94 ft. to 77 ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals: From 76.5 ft. to 4 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well
Direction from well? 999 How many feet? 999

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	50	Limestone and some steel	99	94	8-12 Filter pack
50	53	Hard drilling	94	77	Pea Gravel pack
53	60	red/brown shale, steel, and limestone	77	76.5	8-12 Filter pack
60	79	Grey/green shale, steel, and limestone	76.5	4	3/8 Bentonite chips
79	93	Limestone yellow/tan/brown with shale	4	0	Cement
93	99	Black/grey shale			
					Office supply well replacement

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) 2-24-06 and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 7-20-06
under the business name of Pratt Well Environmental by (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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.