

MW-13

2111049

## WATER WELL RECORD

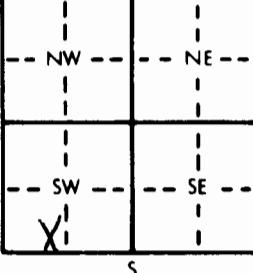
Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <b>Bentler</b>	Fraction <b>SE 1/4 SW 1/4 SW 1/4</b>	Section Number <b>22</b>	Township Number <b>T 27 S</b>	Range Number <b>R 4 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?

**7th & Lulu - NE of Prairie State Bank**

2 WATER WELL OWNER: RR#, St. Address, Box #: City, State, ZIP Code:	<b>Coastal Remediation Corp PO Box 1030 Wichita KS 67201-1030</b>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  	4 DEPTH OF COMPLETED WELL ..... <b>25</b> ft. ELEVATION: ..... Depth(s) Groundwater Encountered <b>1. 20</b> ft. 2. ..... ft. 3. ..... ft.
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WELL'S STATIC WATER LEVEL **18.39** 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 ..... 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 **X** ..... If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes **No** No **X**

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) <b>PVC</b> 4 ABS	5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below)	CASING JOINTS: Glued ..... Clamped ..... Welded ..... Threaded ..... <b>Flush</b>
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Blank casing diameter **2** in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.Casing height above land surface **Flush** in., weight **703** lbs./ft. Wall thickness or gauge No. **154**TYPE OF SCREEN OR PERFORATION MATERIAL:  
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC  
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 10 Asbestos-cementSCREEN OR PERFORATION OPENINGS ARE:  
1 Continuous slot **3 Mill slot** 5 Gauzed wrapped 8 RMP (SR)  
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 ABS 11 Other (specify)  
12 None used (open hole)SCREEN-PERFORATED INTERVALS: From ..... **15** ft. to ..... **25** ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **14** ft. to ..... **25** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: **14** Neat cement 2 Cement grout 3 Bentonite 4 OtherGrout Intervals: From ..... **14** ft. to ..... **2** 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 14 Abandoned water well  
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well  
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)  
13 Insecticide storageDirection from well? **SW** How many feet? **350**

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0.0	<b>8.5</b>	<b>Fill, clay &amp; brick debris</b>	FROM	TO	PLUGGING INTERVALS
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<b>8.5</b>	<b>17.5</b>	<b>Clay</b>	FROM	TO	PLUGGING INTERVALS
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<b>17.5</b>	<b>27.0</b>	<b>Sandy Clay</b>	FROM	TO	PLUGGING INTERVALS
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<b>22.0</b>	<b>25.0</b>	<b>Clayey sand</b>	FROM	TO	PLUGGING INTERVALS
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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) **1-13-93** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **1-13-94** by (signature) **Allison Turner**

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.