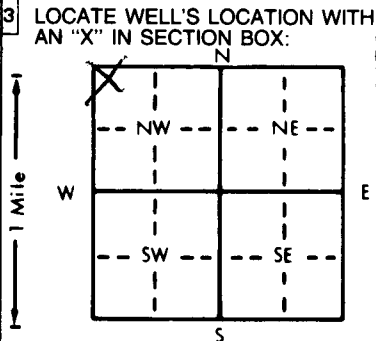


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Brown Fraction: NW 1/4 NW 1/4 NW 1/4 Section Number: 28 Township Number: T 2 S Range Number: R 17 E

Distance and direction from nearest town or city street address of well if located within city?
201 N. 1st St.

2 WATER WELL OWNER: Hearathon Stop 2 Shop MWS
RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources
City, State, ZIP Code: Hearathon Ks Application Number: _____



3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram]
4 DEPTH OF COMPLETED WELL: ~~32~~ 32 ft. ELEVATION: _____
Depth(s) Groundwater Encountered: 1. 25-27 ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL: _____ 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: _____ 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 submitted _____
Water Well Disinfected? Yes _____ No (X)

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
7 Fiberglass Threaded
Blank casing diameter: 2 in. to 17 ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
Casing height above land surface: 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____
TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
7 Torch cut 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 17 ft. to 32 ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 16 ft. to 32 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals: From 0 ft. to 14 ft., From 14 ft. to 16 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)
USGS
Direction from well? SW How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil, clay, silt, organic, dk Brn			
5	7	Clay, brn w/ gray mottles, very tight			
10	12	Clay, brn w/ gray mottles, very tight			
20	22	Clay, brn w/ gray mottles + iron streaks			
25	27	Clay, brn w/ gray mottles, iron streaks + caliche			

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) 7/30/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 483 This Water Well Record was completed on (mo/day/yr) 8/15/96 under the business name of TEST by (signature) Bob Robinson

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
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