|                                                                                                    | WATEF                                   | WELL RECORD                                                 | Form WWC-                                   | 5 KSA 8                       | 12a-1212               |                                           |                                         |  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|---------------------------------------------|-------------------------------|------------------------|-------------------------------------------|-----------------------------------------|--|
| 1 LOCATION OF WATER WELL:                                                                          | Fraction                                |                                                             |                                             | ction Numb                    | er Townsh              | ip Number                                 | Range Number                            |  |
| County: Montgomery                                                                                 | SW 1/4                                  |                                                             | SE 1/4                                      | 25                            | т                      | 34 s                                      | R 16 (E)W                               |  |
| Distance and direction from nearest town of                                                        |                                         |                                                             | •                                           |                               |                        |                                           | 0                                       |  |
| At Farmland Industries                                                                             |                                         |                                                             | ry                                          |                               | ·                      |                                           |                                         |  |
| 2 WATER WELL OWNER: Farmlar                                                                        |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
| RR#, St. Address, Box # : North I                                                                  |                                         | -                                                           | 0570                                        |                               |                        | _                                         | Division of Water Resources             |  |
|                                                                                                    |                                         | nsas 67337-0                                                |                                             |                               |                        | ation Number:                             |                                         |  |
| LOCATE WELL'S LOCATION WITH 4                                                                      | DEPTH OF CO                             | MPLETED WELL.                                               | · · · · · · · · · · · · · · · · · · ·       | ft. ELE                       | VATION:                |                                           |                                         |  |
| N De                                                                                               |                                         |                                                             |                                             |                               |                        |                                           | 3                                       |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
| NW NE                                                                                              |                                         |                                                             |                                             |                               |                        |                                           | mping gpm                               |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           | mping gpm                               |  |
| - W                                                                                                |                                         |                                                             |                                             |                               |                        |                                           | . to                                    |  |
| ₹                                                                                                  |                                         | D BE USED AS:                                               |                                             |                               | 8 Air condition        |                                           |                                         |  |
| 1 sw X - se                                                                                        | 1 Domestic                              | 3 Feedlot                                                   |                                             |                               |                        |                                           | Other (Specify below)                   |  |
|                                                                                                    | 2 Irrigation                            | 4 Industrial                                                |                                             |                               | _                      |                                           | • • • • • • • • • • • • • • • • • • • • |  |
|                                                                                                    |                                         | acteriological sample                                       | submitted to E                              |                               |                        |                                           | , mo/day/yr sample was sub              |  |
|                                                                                                    | ted                                     |                                                             |                                             |                               | Vater Well Disint      |                                           | No                                      |  |
| 5 TYPE OF BLANK CASING USED:                                                                       |                                         | 5 Wrought iron                                              | 8 Conc                                      |                               |                        |                                           | d Clamped                               |  |
| 1 Steel 3 RMP (SR)                                                                                 |                                         | 6 Asbestos-Cement                                           |                                             | (specify be                   | ,                      |                                           | ed                                      |  |
| 2 PVC 4 ABS                                                                                        |                                         | 7 Fiberglass                                                |                                             |                               |                        |                                           | aded                                    |  |
| Blank casing diameter in.                                                                          |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
| Casing height above land surface                                                                   |                                         | n., weight                                                  |                                             |                               |                        |                                           |                                         |  |
| TYPE OF SCREEN OR PERFORATION M                                                                    |                                         | 5.6%                                                        | 7 P\                                        | •                             |                        | Asbestos-ceme                             |                                         |  |
| 1 Steel 3 Stainless ste                                                                            |                                         | 5 Fiberglass                                                |                                             | MP (SR)                       |                        |                                           |                                         |  |
| 2 Brass 4 Galvanized s SCREEN OR PERFORATION OPENINGS                                              |                                         | 6 Concrete tile                                             | 9 AE                                        | _                             |                        | None used (op                             |                                         |  |
|                                                                                                    |                                         |                                                             | zed wrapped                                 |                               | 8 Saw cut              |                                           | 11 None (open hole)                     |  |
|                                                                                                    |                                         | 7 Toro                                                      | wrapped                                     |                               | 9 Drilled ho           |                                           |                                         |  |
| 2 Louvered shutter 4 Key p SCREEN-PERFORATED INTERVALS:                                            |                                         |                                                             |                                             | <b>4</b> E                    | ٠.                     | • •                                       |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           | o                                       |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           | ο                                       |  |
|                                                                                                    | From                                    |                                                             |                                             |                               |                        |                                           |                                         |  |
| 6 GROUT MATERIAL: 1 Neat ceme                                                                      |                                         | Cement grout                                                | 3 Bento                                     |                               |                        |                                           | <u>ft.</u>                              |  |
| Grout Intervals: From                                                                              |                                         | •                                                           |                                             |                               |                        |                                           |                                         |  |
| What is the nearest source of possible cont                                                        |                                         |                                                             |                                             |                               |                        |                                           | pandoned water well                     |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           | il weil/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 |                                           | (opodity bolott)                        |  |
| Direction from well?                                                                               |                                         |                                                             |                                             |                               | any feet?              |                                           |                                         |  |
|                                                                                                    | ITHOLOGIC LO                            | OG                                                          | FRCM                                        | ТО                            |                        | PLUGGING IN                               | NTERVALS                                |  |
|                                                                                                    |                                         |                                                             | 27                                          | 24.2                          | Bentonit               | e Chips                                   |                                         |  |
|                                                                                                    |                                         |                                                             | 24.2                                        | 0                             | Neat Cem               | ent w/ 5%                                 | Bentonite                               |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        | · · · · · · · · · · · · · · · · · · ·     |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             | ļ                             |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             |                               | PZ-4A                  |                                           |                                         |  |
|                                                                                                    |                                         |                                                             |                                             | 1                             |                        |                                           |                                         |  |
| CONTRACTOR'S OR LANDOWNER'S                                                                        |                                         |                                                             |                                             |                               |                        |                                           |                                         |  |
| completed on (mo/day/year) 8-24-95                                                                 |                                         |                                                             |                                             |                               |                        |                                           | wledge and belief. Kansas               |  |
| Water Well Contractor's License No                                                                 |                                         |                                                             | Veil Record wa                              | s completed                   | on (mo/day/y/n)        | 9-2                                       | <i>₽</i> ₹                              |  |
| under the business name of Geo                                                                     | oCore Serv                              | vices, Inc.                                                 |                                             | by (sign                      | ature)                 | all Kal                                   | 54                                      |  |
| INSTRUCTIONS: Use typewriter or bail point pen. § of Health and Environment, Bureau of Water, Tope | PLEASE PRESS FIRE<br>ka. Kansas 66620-0 | MLY and <u>PRINT</u> clearly. P<br>0001. Telephone: 913-296 | lease fill in blanks,<br>-5545. Send one to | underline or or<br>WATER WELL | cie the correct answer | ers. Send top three one for your records. | copies to Kansas Department             |  |