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

1 LOCATION OF WATER WELL:

	Fraction			Section Number	Township Number	Range Number
County: Atchison	SW ¼ SW	¼ SW	¼	29	T 5 (S)	R 19 (E)W

Distance and direction from nearest town or city street address of well if located within city?
At the N.E. Corner of 294th & Hamilton Rd. Lancaster, KS

2 WATER WELL OWNER: Farmers Coop

RR#, St. Address, Box # : P.O. Box 687

City, State, ZIP Code : Lawrence KS 66044

NW6

Board of Agriculture, Division of Water Resources

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

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            N
     --NW--   --NE--
  W                    E
     --SW--   --SE--
   X        S
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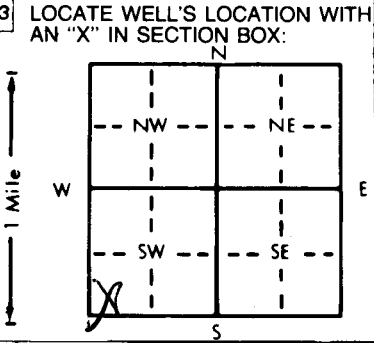
4 DEPTH OF COMPLETED WELL . . . 18 . . . ft. ELEVATION: . . . .

Depth(s) Groundwater Encountered 1. 20 . . . 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) . . . . ; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes   (No)

5 TYPE OF BLANK CASING USED:

	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued . . . Clamped . . .
1 Steel 3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded . . .
(2 PVC) 4 ABS	7 Fiberglass		Threaded . . .

Blank casing diameter . . . 2 . . . in. to . . . 8 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.

Casing height above land surface . . . O . . . 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 . . . 8 . . . ft. to . . . 18 . . . ft., From . . . ft. to . . . ft.

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

GRAVEL PACK INTERVALS: From . . . 7 . . . ft. to . . . 18 . . . ft., From . . . ft. to . . . ft.

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

6 GROUT MATERIAL: 1 Neat cement   (2 Cement grout)   (3 Bentonite)   4 Other . . . .

Grout Intervals: From . . . O . . . ft. to . . . 5 . . . ft., From . . . 5 . . . ft. to . . . 7 . . . 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 storage	A5.15

Direction from well?   How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
O	1	8.1)			
1	2	Topsoil			
5	7	Clay, silt, pale, brn gray w/ orange mottles, mag. concretions	"	"	(abundant mottles)
10	12	" " " "	"	"	"
15	17	" " " "	"	"	")
20	22	" trace of chert " "	"	"	" " , some
		medium sand			

Flushmount Well
Water by D. Taylor

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) . . . 2/26/97 . . . 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) . . . 3/15/97 . . . under the business name of . . . TEST . . . by (signature) Bob Robison by LL

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
T   R   E/W   SEC.   ¼   ¼   ¼