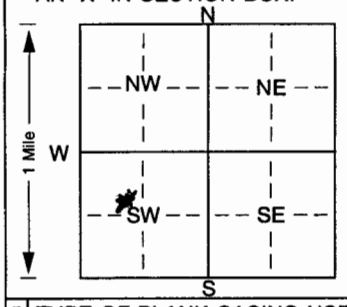
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Atchison	SE ¼ NW ¼ SW ¼	2	T 6 S	R 20 E/W

Distance and direction from nearest town or city street address of well if located within city?
2604 Industrial Rd Atchison

2 WATER WELL OWNER: Clayton Group Services — MW-9A
RR#, St. Address, Box # : 165 South Union Blvd
City, State, ZIP Code : Lakewood CO 80228
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF COMPLETED WELL 24 ft. ELEVATION: 878.6
Depth(s) Groundwater Encountered 1. ____ ft. 2. ____ ft. 3. ____ ft.
WELL'S STATIC WATER LEVEL 2.23 ft. below land surface measured on mo/day/yr 8/11/04
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 1/4 in. to 24 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 Domestic (lawn & garden) (10) Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes ____ No X ; If yes, mo/day/yrs 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 X
Blank casing diameter 2 in. to 19 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface Flush in., weight ____ lbs./ft. Wall thickness or gauge No. ____

TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) ____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ____

SCREEN-PERFORATED INTERVALS: From 19 ft. to 24 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 17 ft. to 24 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 (1) 1.5 ft. to 17 ft., From (3) 0 ft. to 1.5 ft., From ____ ft. to ____ ft.

What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy (11) Fuel storage 15 Oil well/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
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5	Asphalt			
.5	1	Road Base			
1	17	Clay Br to Dk grey, some silt			
17	19	Silt mottled Grey Brown			
19	24	silty sandy Clay			

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) 8/10/05 8/11/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 650 This Water Well Record was completed on (mo/day/yr) 8/17/05 under the business name of DFS by (signature) [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, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.