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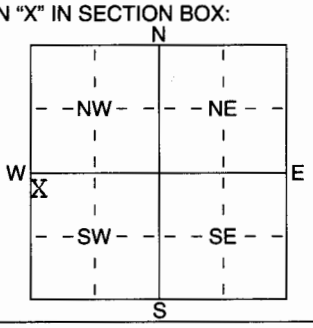
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Lincoln	NW ¼ NW ¼ SW ¼	2	T 12 S	R 10W E/W

Distance and direction from nearest town or city street address of well if located within city?
1 1/4N, 1W of Sylvan Groave

2 WATER WELL OWNER: Leonetta Gier Trust
RR#, St. Address, Box # : 1239 N. 50th Road
City, State, ZIP Code : Sylvan Grove, KS 67481
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 160 ft. ELEVATION: unknown
Depth(s) Groundwater Encountered 1 70 ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL 70 ft. below land surface measured on mo/day/yr 07/14/05
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield 50 gpm: Well water was ____ ft. after ____ hours pumping ____ gpm
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Domestic (lawn & garden) 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well 12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes ____ No ____; If yes, mo/day/yrs sample was submitted
Water Well Disinfected? Yes ____ No

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued ____ Clamped ____ Welded ____ Threaded ____
Blank casing diameter 5 in. to 120 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 12 in., weight 2.8 lbs./ft. Wall thickness or guage No. Sch. 40

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

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

SCREEN-PERFORATED INTERVALS: From 120 ft. to 160 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 20 ft. to 160 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 0 ft. to 20 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.

What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) none- in field
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	top soil			
3	17	clay			
17	118	shale			
118	160	sand rock			

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) 07/14/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 186 This Water Well Record was completed on (mo/day/yr) 07/18/05
under the business name of Kelly's Water Well Service, Inc. by (signature) Kathryn R Good

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.