

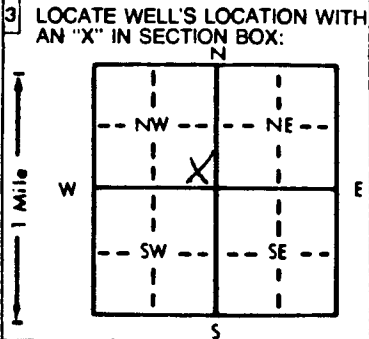
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WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>RUSSELL</u>	Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>	Section Number <u>4</u>	Township Number <u>T 12 S</u>	Range Number <u>R 15 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?
2 West 1/2 South Fairport

2 WATER WELL OWNER: Lewis Eulert
 RR#, St. Address, Box #: Paradise Rd 61658
 City, State, ZIP Code: Paradise KS 61658
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: 30 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 20 ft. 2. ft. 3. ft.

WELL'S STATIC WATER LEVEL: 20 ft. below land surface measured on mo/day/yr 8-29-91

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield 20 gpm: Well water was ft. after hours pumping gpm

Bore Hole Diameter: 10 in. to 30 ft., and in. to ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 11 Injection well	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 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:

<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded	
		<input type="checkbox"/> 7 Fiberglass	Threaded		

Blank casing diameter 5 in. to 22 ft., Dia. in. to ft., Dia. in. to ft.

Casing height above land surface 18 in., weight 16.0 lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
			<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 22 ft. to 30 ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 22 ft. to 30 ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other

Grout intervals: From 0 ft. to 22 ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Surface Clay			
5	12	Yellow Clay			
12	20	White limestone sand			
20	25	Red sand			
22	28	large sand			
28	30	blue shale			

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11 1998

BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was N constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 8-29-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 444 This Water Well Record was completed on (mo/day/yr) 8-29-91 under the business name of Cindy Anderson Drilling by (signature) Cindy Anderson

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.

[Handwritten signature]

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