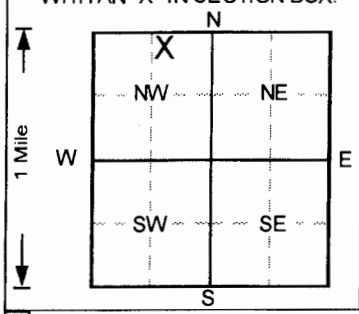
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Russell**	NW ¼ NE ¼ NW ¼	35	T 13 S	R 14 E/W

Distance and direction from nearest town or city street address of well if located within city?
818 E. Wichita Avenue, Russell

2 WATER WELL OWNER: **Kansas Dept. of Health & Environment**
RR#, St. Address, Box # : **1000 SW Jackson St., Suite 410**
City, State, ZIP Code : **Topeka, Kansas 66612-1367**
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 ..... **15** ..... ft. ELEVATION: ..... **1819.91** .....
Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL ... **10.93** ... ft. below land surface measured on mo/day/yr ... **3/12/2012** ....
Pump test data: Well water was .... **NA** .... ft. after ..... hours pumping ..... gpm
Est. Yield .. **NA** ... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter .... **8** .... in. to ..... **15** ..... 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 ..... **5** ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface ..... **-5.76** ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ..... **Sch. 40** .....
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) 9 ABS 11 Other (specify) ..... 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 ..... **5** ..... ft. to ..... **15** ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From ..... **4** ..... ft. to ..... **15** ..... 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 **Concrete** .....
Grout Intervals: From ..... **0** ..... ft. to ..... **1** ..... ft., From ..... **1** ..... ft. to ..... **4** ..... 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 .....
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Clay, silty, Dark Brown			
2	4	Clay, silty, Brown			
4	11	Clay, sl. silty, Yellow Brown			
11	15	Clay, silty, Yellow			
					MW10 , Tag # 0047671 , Flushmount

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) ..... **3/1/2012** ..... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. ..... **527** ..... This Water Well Record was completed on (mo/day/yr) ..... **3/26/2012** .....
under the business name of **GeoCore, Inc.** by (signature) Dale Kohl

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