

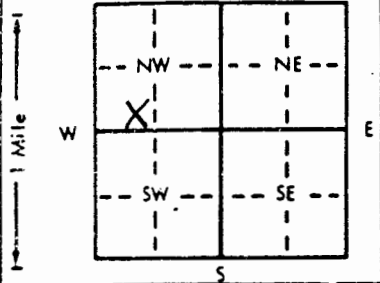
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Ellis	Fraction SE 1/4 SW 1/4 NW 1/4	Section Number 9	Township Number T 13 S	Range Number R 20 EW
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Distance and direction from nearest town or city street address of well if located within city?
300 feet East-Northeast of Hwy 40 and Monroe

2 WATER WELL OWNER: **Golden Belt Coop**
 RR#, St. Address, Box # : **Hwy 40 and Monroe**
 City, State, ZIP Code : **Ellis, Kansas 67637**
 Board of Agriculture, Division of Water Resource
 Application Number: _____

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



4 DEPTH OF COMPLETED WELL: **20** ft. ELEVATION: **~ 2120**
 Depth(s) Groundwater Encountered 1. **15** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **15.36** ft. TOC measured on **mo/day/yr 11-07-94**
 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** in. to **20** in. to _____ 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 **X**; If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded **X**
 Blank casing diameter **2** in. to **10** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **0** 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) 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 **10** ft. to **20** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **8** ft. to **20** 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 **9** ft., From **6** ft. to **8** 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)**
 Multiple
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6"	Cly, med brn, sl snd, f-c & grvl w/ sl snd-grvl szd calic, dry			
6"	3'	Cly, v drk brn, v slty, sl plstc, sl f-med snd & snd szd calic, damp			
3	6	Cly, med brn, v slty, damp, sl plstc			
6	15	Cly, lt brn w/ sl oran tint, v slty sl plstc, damp			
15	20	Snd, v f-med grnd, sl snd szd calic mod cly, lt oran-brn clrd			
					MW20 - Flushmount Don 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) **10-26-94** 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) **11-15-94** under the business name of **GebCore Services, Inc.** by (signature) *Don Taylor*

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.