

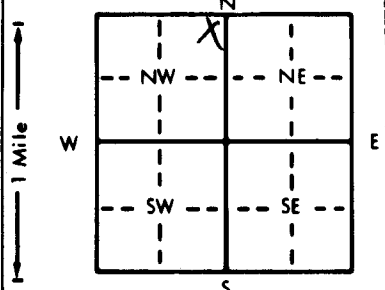
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Wallace Fraction: NE 1/4 NE 1/4 NW 1/4 Section Number: 27 Township Number: T 13 S Range Number: R 40 EW

Distance and direction from nearest town or city street address of well if located within city?
610 N. Main St. Sharon Springs

2 WATER WELL OWNER: Jim Harrison MW-5
 RR#, St. Address, Box #: P.O. Box 626
 City, State, ZIP Code: Sharon Springs, Ks. 67758
 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: 38.25 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. 30.21 ft. 2. 21 ft. 3. 21 ft. 4. 21 ft.
 WELL'S STATIC WATER LEVEL 30.21 ft. below land surface measured on mo/day/yr
 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 _____ in. to _____ ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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 sub-
 mitted _____ Water Well Disinfected? Yes No

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 _____

Blank casing diameter 4 in. to 16.9 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 0 in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 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 _____ ft. to 38.25 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 16 ft. to 39 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 1.5 ft., From 1.5 ft. to 15.0 ft., From 15.0 ft. to 16.0 ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Topsoil			
0.5	21.0	Silt Vel. Brn. Moist, Med. stiff, No staining, No odor			
21.0	26.0	Clay - Vel. Brn, Mud. Hard Moist, No staining No odor			
26.0	40.0	Shale - Black Hard Brittle, Moist, No odor, No staining			

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) 5/15/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 438 This Water Well Record was completed on (mo/day/yr) 7/21/94 under the business name of KCTI by (signature) James J. Bradford

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two 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.