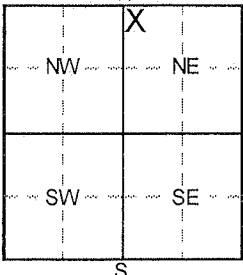


WATER WELL RECORD Form WW-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <b>Ellsworth</b>	Fraction <b>NW ¼ NW ¼ NE ¼</b>	Section Number <b>19</b>	Township Number <b>T 14 S</b>	Range Number <b>R 10 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**2516 W. Avenue F, Wilson**

2 WATER WELL OWNER: <b>City of Wilson</b> RR#, St. Address, Box #: <b>2407 Avenue E</b> City, State, ZIP Code: <b>Wilson, KS 67490</b>	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  1 Mile scale, N, S, W, E directions.	4 DEPTH OF COMPLETED WELL: <b>52</b> ft. ELEVATION: <b>1688.44</b> Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <b>44.5</b> ft. below land surface measured on mo/day/yr: <b>4/24/2013</b> Pump test data: Well water was <b>NA</b> ft. after _____ hours pumping _____ gpm Est. Yield: <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <b>8</b> in. to <b>52</b> 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) <b>Monitoring well</b> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED: 1 Steel      3 RMP (SR) (2) PVC      4 ABS Blank casing diameter: <b>2</b> in. to <b>37</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface: <b>-4.56</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b> 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) _____ 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 <b>37</b> ft. to <b>52</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>35</b> ft. to <b>52</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.
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6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      (3) Bentonite      (4) Other <b>Concrete</b>
Grout Intervals: From <b>0</b> ft. to <b>3</b> ft., From <b>3</b> ft. to <b>35</b> ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination: 1 Septic tank      4 Lateral lines      7 Pit privy      (11) Fuel storage 2 Sewer lines      5 Cess pool      8 Sewage lagoon      12 Fertilizer storage 3 Watertight sewer lines      6 Seepage pit      9 Feedyard      13 Insecticide storage 10 Livestock pens      14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____ Direction from well? <b>SW</b> How many feet? <b>165</b>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Gravel, soil,			
1	5	Clay, silty, Lt. Brown			
5	10	Clay, silty, Brown			
10	16	Clay, Brown			
16	25	Clay, sandy (fine), Brown			
25	42	Sand, fine, Brown			
42	52	Sand, coarse, some clay,			

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) <b>4/24/2013</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>527</b> . This Water Well Record was completed on (mo/day/yr) <b>5/20/13</b> under the business name of: <b>GeoCore, Inc.</b> by (signature) <i>Dale Kelly</i>
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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.